

COVID-19 Participant Code of Conduct and Risk Assessment Form

Special Olympics



I understand I (name) _____
could be exposed to and/or contract COVID-19 through sports, training,
competition and/or any group activity at Special Olympics. I am choosing to participate
in sports, competition and/or other Special Olympics activities at
my own risk.

During the time these precautions are needed, I agree to the following to help keep me
and my fellow participants safe:

<input type="checkbox"/>	If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 7 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 14 days after exposure.
<input type="checkbox"/>	Special Olympics gave me education on Special Olympics rules for COVID-19 and who is at high-risk.
<input type="checkbox"/>	I know that if I have a high-risk condition, I have more risk that I could get sick or die from COVID-19. If I have a high-risk condition, I should not go to Special Olympics events in person, until there is little or no COVID-19 in my community,
<input type="checkbox"/>	I know that before or when I get to a Special Olympics activity, they will ask me some questions about symptoms and exposure to COVID-19. They may also take my temperature. I will answer truthfully and participate fully.
<input type="checkbox"/>	I will keep at least 6 ft/2m from all participants at all times.
<input type="checkbox"/>	I will wear a mask at all times while at Special Olympics activities. I may not have to wear it during active exercise.
<input type="checkbox"/>	I will wash my hands for 20 seconds or use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty.
<input type="checkbox"/>	I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after.
<input type="checkbox"/>	I will not share drinking bottles or towels with other people.
<input type="checkbox"/>	I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first.
<input type="checkbox"/>	If I get or have had COVID-19, I will not go to any in-person Special Olympics events until 7 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities.
<input type="checkbox"/>	I understand that if I do not follow all of these rules, I may not be allowed to participate in Special Olympics activities during this time.

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I HAVE READ ALL OF THIS AGREEMENT OR HAVE HAD IT READ TO ME AND AGREE TO FOLLOW THESE ACTIONS.

PARTICIPANT FULL NAME: _____

Phone: _____ **Email:** _____

Circle one: Athlete Unified Partner Coach/Volunteer Family/Caregiver Staff

PARTICIPANT SIGNATURE (required for adult (age 19+) participants, including adult athlete with capacity to sign documents)

By signing this, I acknowledge that I have completely read and fully understand the information in this form.

Signature: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE (required for participant who is a minor (younger than age 19) or lacks capacity to sign documents)

I am a parent or guardian of the athlete/participant named above. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Relationship: _____