

COVID-19 Participant Code of Conduct and Risk Assessment Form



I understand I could get Coronavirus 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:

More is learned about COVID-19 every day. The latest information is available on the CDC's [webpage](#) for "People Who Are at Increased Risk for Severe Illness." As of July 17, 2020, the CDC notes that people of any age with the following conditions are at increased risk of severe illness from COVID-19: Cancer, Chronic kidney disease, COPD (chronic obstructive pulmonary disease), Immunocompromised state (weakened immune system) from solid organ transplant, Obesity (body mass index [BMI] of 30 or higher), Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies, Sickle cell disease, Type 2 diabetes mellitus.

I am a high risk participant as I have one or more of the conditions mentioned above.

- Yes
- No

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 cannot go to Special Olympics events in person, until there is little or no Coronavirus in my community.

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.

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.

I will keep at least 6 ft/2m from all participants at all times.

I will wear a mask at all times while at Special Olympics activities. I may not have to wear it during active exercise.

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.

I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after.

I will not share drinking bottles or towels with other people.

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**Special
Olympics**
Pennsylvania



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| <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"/> I will report to the site COVID-19 Coordinator if I traveled or plan to travel to a state other than Pennsylvania, country or county outside of my residency within PA. |
| <input type="checkbox"/> If I get or have had COVID, 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. |

I HAVE READ THIS AGREEMENT/HAVE HAD IT READ TO ME AND AGREE TO FOLLOW THESE ACTIONS

PARTICIPANT FULL NAME: _____

Phone: _____ **Email:** _____

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

PARTICIPANT SIGNATURE *(required for adult (age 18+) participants, including adult athlete with capacity to sign)*

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

Signature: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE *(required for participant who is a minor (younger than 18) or lacks capacity to sign)*

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: _____

The COVID-19 Participant Code of Conduct and Risk Assessment Form **must be Electronically signed and submitted via Google Forms:** <https://bit.ly/31zr5S7>

If a participant **does not have access to submit electronically**, they **must** bring a completed paper form to the first activity and provide to the COVID-19 Coordinator upon arrival.