



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:

- |  |
|--|
| <input type="checkbox"/> If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 14 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"/> I will go to my Doctor and get written clearance if I have tested positive for COVID-19 before returning to any in-person Special Olympics events or competition.   |
| <input type="checkbox"/> Special Olympics gave me education on Special Olympics rules for COVID-19 and who is at high-risk. <i>(See High-Risk Fact sheet)</i>  |
| <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 it is safe.      |
| <input type="checkbox"/> I know that before or when I get to a Special Olympics activity, they will ask me 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 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 and any time I sneeze, cough, go to the bathroom or get my hands dirty.   |
| <input type="checkbox"/> I will not share drinking bottles, food, 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"/> 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 ALL OF THIS AGREEMENT OR HAVE HAD IT READ TO ME AND AGREE TO FOLLOW THESE ACTIONS.



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**PARTICIPANT FULL NAME** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**PARTICIPANT SIGNATURE** *(required for adult (age 18+) 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 18) 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:** \_\_\_\_\_