

COVID-19 PARTICIPANT CODE OF CONDUCT AND RISK ASSESSMENT FORM

Special Olympics
Illinois



I understand I could get Coronavirus through sports, training, competition and/or any Special Olympics Illinois group activity. I am choosing to participate in sports, competition and/or other Special Olympics Illinois 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:

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.
Special Olympics Illinois gave me education on Special Olympics Illinois rules for COVID-19 and who is at high-risk.
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 Illinois events in person, until there is little or no Coronavirus in my community,
I know that before or when I get to a Special Olympics Illinois 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 Illinois 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.
I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first.
If I get or have had COVID-19, I will not go to any in-person Special Olympics Illinois 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.
I understand that if I do not follow all of these rules, I may not be allowed to participate in Special Olympics Illinois activities during this time.

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SOILL RETAINS THE RIGHT TO MAKE THE FINAL DETERMINATION REGARDING ANY PARTICIPANTS INVOLVEMENT IN AN EVENT CONDUCTED BY SOILL.

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

PARTICIPANT FULL NAME: _____

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

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: _____