

COMMUNICABLE DISEASES PARTICIPANT (ATHLETE AND VOLUNTEER) RISK ASSESSMENT, CODE OF CONDUCT, AND WAIVER



Directions: The COMMUNICABLE DISEASES PARTICIPANT(ATHLETE AND VOLUNTEER) RISK ASSESSMENT, CODE OF CONDUCT, AND WAIVER must be electronically signed and submitted via Google Forms: https://bit.ly/31zr5S7 by every participant (athletes, Unified partners, coaches, volunteers, family members, caregivers, or others in attendance of an activity) prior to the start of the in-person activity. This form has 3 sections (Risk Assessment, Code of Conduct and Waiver) and must be completed in one-sitting as you cannot return to the form.

If a participant does not have access to submit electronically or ability to send a photo of the completed form to the site COVID-19 Coordinator, participant must schedule a call with the site COVID-19 Coordinator at least 24 hours prior to the first in-person activity to verbally provide their answers to the site COVID-19 Coordinator.

- Site COVID-19 Coordinator will enter form electronically based on information provided.
• Participant must bring a completed paper form to the first in-person activity and provide to the site COVID-19 Coordinator upon arrival at first in-person activity.

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I understand I could get Coronavirus through in-person sports, training, competition and/or any group activity at Special Olympics Pennsylvania. I am choosing to participate in sports, training, competition and/or other Special Olympics Pennsylvania activities at my own risk.

- 1. Local Program?
2. First name of participant?
3. Last name of participant?
4. Participant type (Circle one)?
a. Athlete
b. Unified Partner
c. Coach/Volunteer/Caregiver
5. Are you vaccinated? Yes No
If yes, which vaccine have you received? Pfizer Moderna J&J
If yes, what dose number have you received? One Two
6. Who is your site COVID-19 Coordinator (Type their name)?
7. Site Location of in-person activity? (ex: Smith Elementary, Everhart Park)?
8. Participant activity type?

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RISK ASSESSMENT

I will do a risk self-assessment before returning to in-person activities to determine if I should return at this time.

I understand that if I have an intellectual disability or if I have one or more of the conditions on the CDC's list of high-risk conditions, I am at increased risk of severe illness from COVID-19.

Yes No

Special Olympics Pennsylvania gave me education on COVID-19 and who is at high-risk.

Yes No

I understand that Special Olympics encourages everyone who has access to the COVID-19 vaccine, to get vaccinated. The vaccine will help protect me from getting COVID-19. If I still get infected after I get vaccinated, the vaccine works to prevent serious illness. By getting vaccinated, I also help protect people around me.

Yes No

I understand that I could participate virtually instead of in-person until there is little or no Coronavirus in my community.

Yes No

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. I will answer truthfully and participate fully.

Yes No

Has anyone within the last 14 days, told you that you they are suspected of having COVID-19 or should self-quarantine due to a COVID-19 exposure?

Yes No

Have you or anyone who you have had close contact within the last 14 days tested positive for COVID-19?

Yes No

If I have COVID-19 symptoms, I will stay at home, NOT go to any in-person activities and notify my site COVID-19 Coordinator. Seven days after symptoms resolve, I am to notify my site COVID-19 Coordinator.

Yes No

If I get or have had COVID-19, I will go to my doctor and get written clearance, provide the clearance to my site COVID-19 Coordinator before returning to any in-person activities.

Yes No

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CODE OF CONDUCT

I agree to the following to help keep me and my fellow participants safe:

I will wear a mask as required by Special Olympics Pennsylvania's Return to Activities Plan. The specific requirements will be communicated to me by my COVID-19 Coordinator or I will ask.

Yes No

I will wash my hands for 20 seconds or use hand sanitizer before and/or during any in-person activities.

Yes No

I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty.

Yes No

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

Yes No

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

Yes No

I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first.

Yes No



**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION
AGREEMENT FOR COMMUNICABLE DISEASES
("Agreement") for SPECIAL OLYMPICS**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19 ("Infectious Diseases"). While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Pennsylvania their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL DAMAGES, ILLNESS, DISABILITY, DEATH, or other loss or damage to person or property (including loss of income and any expenses incurred) ARISING OUT OF OR RELATED TO MY EXPOSURE TO OR INFECTION WITH ANY INFECTIOUS AND/OR COMMUNICABLE DISEASES, WHETHER FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT,
FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL
RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY
INDUCEMENT.**

Full name of Participant: _____

Participant Signature: _____

Date signed: _____

Phone: _____

Email: _____

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) OR
ADULT ATHLETES UNABLE TO CONSENT**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Full name of Participant: _____

Full name of Parent/Guardian: _____

Parent/Guardian/Signature: _____

Date signed: _____

Phone: _____

Email: _____

Circle one: Parent Guardian