

**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.

**COVID-19 PARTICIPANT CODE OF CONDUCT  
AND RISK ASSESSMENT FORM**

**Special Olympics**  
Illinois



**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:** \_\_\_\_\_



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

Region \_\_\_\_\_ Agency Name (if applicable) \_\_\_\_\_

Participant Last Name \_\_\_\_\_ Participant First Name \_\_\_\_\_

Role:  Athlete  Unified Partner  Coach/Class A  Volunteer  Other

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. 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 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 Special Olympics Illinois or venue official immediately; and,
4. I agree to adhere to the COMMUNICABLE DISEASE PARTICIPANT CODE OF CONDUCT set forth immediately hereinbelow:

**COMMUNICABLE DISEASE PARTICIPANT CODE OF CONDUCT**

I understand I could get communicable diseases through sports, training, competition and/or any other Special Olympics Illinois ("SOILL") group activity. I am choosing to participate in sports, training, competition and/or other SOILL group activities at my own risk. Accordingly, I agree to the following to help keep me and my fellow participants safe:

If I have COVID-19 symptoms, or any similar communicable disease, I will NOT participate in or attend any SOILL group activities until at least 7 days after I no longer am exhibiting any symptoms, and my doctor has given me written clearance to participate in any SOILL group activity. If I am exposed to COVID-19, or any similar communicable disease, and have no symptoms, I will NOT participate in or attend SOILL group activities until at least 14 days after exposure.

SOILL gave me education on SOILL 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 SOILL events in person, until there is little or no Coronavirus in my community.

I know that before or when I attend any SOILL group activity, they may ask me some questions about symptoms and exposure to COVID-19, or any similar communicable disease. 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 wash my hands for a minimum of 20 seconds, or use hand sanitizer prior to participating in any SOILL group activity. I will wash my hands any time I sneeze, cough, go to the restroom, or get my hands dirty.



I will avoid touching my face. I will cover my mouth when I cough or sneeze and afterward I will immediately wash my hands.
I will not share drinking bottles or towels with other people.
I will only share equipment when I am instructed to, and, if instructed to share equipment, I will first make certain it has been disinfected.
I understand that if I fail to follow these rules and recommendations, or any other rules and recommendations SOILL may adopt in the future, I may not be allowed to participate in SOILL group activities.

**Verbal consents or phone consents will not be accepted by Special Olympics Illinois.**

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARLMESS Special Olympics , Inc., Special Olympics Illinois, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of the venue/premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant \_\_\_\_\_ Date Signed \_\_\_\_\_

Participant Signature \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION), OR THOSE WHO LACK LEGAL CAPACITY TO SIGN DOCUMENTS**

This is to certify that I, as parent/guardian, and/or individual with legal responsibility for this participant, have read and explained the provisions in this waiver/release to said participant, including the risks of presence and participation, as well as their personal responsibilities to adhere to the rules and regulations for protection against communicable diseases. Furthermore, said participant understands and accepts these risks and responsibilities. I for myself, spouse (if applicable), and participant do hereby consent and agree to release, indemnify and hold harmless the above referenced Releasees for any and all liabilities incident to said participant’s presence or participation in Special Olympics activities as provided above, EVEN IF ARISING FROM THE RELEASEE’S NEGLIGENCE, OR OTHERWISE to the fullest extent provided by law.

Parent/Guardian/legally responsible individual’s Signature (required for participant who is a minor (younger than age 18) or otherwise lacks legal capacity to sign document)

Printed Name of parent/guardian/legally responsible individual: \_\_\_\_\_

Date Signed \_\_\_\_\_

Parent/Guardian/legally responsible individual’s Signature \_\_\_\_\_