

COVID-19 Participant Code of Conduct and Risk Assessment Form

**Special Olympics
Maine**



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:

<p>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.</p>
<p>Special Olympics gave me education on Special Olympics rules for COVID-19 and who is at high-risk.</p>
<p>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 there is little or no Coronavirus in my community,</p>
<p>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.</p>
<p>I will keep at least 6 ft/2m from all participants at all times.</p>
<p>I will wear a mask at all times while at Special Olympics activities. I may not have to wear it during active exercise.</p>
<p>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.</p>
<p>I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after.</p>
<p>I will not share drinking bottles or towels with other people.</p>
<p>I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first.</p>
<p>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.</p>
<p>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.</p>

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

PARTICIPANT FULL NAME: _____

Phone: _____ **Email:** _____

Check 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: _____

2 Options to complete and submit COVID 19 Participant Code of Conduct & Risk Assessment form:

1. Electronically (preferred method) submit the by:
 - a. Download the OVID 19 Participant Code of Conduct & Risk Assessment form
 - b. Open the downloaded file
 - c. Complete & Save the form
 - d. Email form to Special Olympics Maine
2. Print, Complete and fax or mail to Special Olympics Maine State Office

Submit completed COVID 19 Participant Code of Conduct & Risk Assessment Form to:

Email (preferred): mikel@somaine.org
Fax: 1-888-490-0672

Mail: Special Olympics Maine 525 Main Street Unit D, South Portland, ME 04106
Questions & more information, contact Special Olympics Maine (info@somaine.org or 207-879-0489).