

COVID-19 PARTICIPANT RISK FORM and CODE OF CONDUCT

Coaches submit all participant forms to Regional Managers by the end of 1st week of practice

Through this form and other guidelines, Special Olympics Colorado (SOCO) has educated me on rules for COVID-10 and who is at high-risk. I understand I could get Coronavirus through sports, training, competition and/or any group activity at SOCO and am choosing to participate in SOCO activities at my own risk.

During the time precautions are needed, I agree to the following to help keep me and other participants safe:
(mark an "x" in each box)

<input type="checkbox"/> 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 (unless cleared by a medical professional). If I am exposed to COVID-19 and have no symptoms, I can return 14 days after exposure.
<input type="checkbox"/> I know that if I have a high-risk condition, I have more risk that I could get sick or have serious outcomes from COVID-19 and should not participate in-person at Special Olympics events until there is little or no COVID in my community.
<input type="checkbox"/> I know when I get to a SOCO activity, I will be asked to sign-in, asked questions about symptoms and exposure to COVID-19 and may 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 upon arrival and at all times during SOCO activities per the CO Mask Guidance .
<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 avoid touching my face, will cover my mouth when I cough / sneeze and wash my hands after.
<input type="checkbox"/> I will not share beverages, snacks 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 if disinfected first.
<input type="checkbox"/> I understand that if I do not follow these rules, I may not be allowed to participate in SOCO activities.

PARTICIPANT NAME: _____ **DOB:** _____ / _____ / _____

Phone: _____ **Email:** _____

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

PARTICIPANT SIGNATURE

By signing this, I acknowledge that I have read, fully understand and agree to follow the information in this form.

Signature: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE *(required for participants under age 18 or are unable to sign)*

I am a parent/guardian of the participant named above. I have read and understand this form and have explained the contents to the participant. By signing, I agree to this form on my own behalf and on behalf of the participant.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

FACT SHEET ON WHO IS AT HIGH RISK FROM COVID-19

COVID-19 is a new disease and information is changing quickly. Based on currently available information and clinical expertise, people with intellectual and developmental disabilities may be at higher risk of severe illness or death from COVID-19.

Current clinical guidance from the CDC lists those at high-risk for severe illness from COVID-19 as:

- People 65 years and older
- People who live in a nursing home or long-term care facility (like a congregate or group home)
- People of all ages with underlying medical conditions (particularly if not well controlled), including:
 - Chronic lung disease or moderate to severe asthma
 - Serious heart conditions (e.g. heart failure, coronary artery disease, congenital heart disease)
 - Severe obesity (body mass index [BMI] of 40 or higher). Click [here](#) to calculate BMI.
 - Diabetes
 - Chronic kidney disease undergoing dialysis
 - Liver disease
 - Brain and spinal cord disorders (e.g. cerebral palsy, epilepsy, stroke)
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, HIV or AIDS, and use of corticosteroids and other immune weakening medications

Click [here](#) to view guidance from the Colorado Department of Public Health and Environment on individuals who are considered to be at high-risk.

If you are at a higher risk, you may be putting yourself and others at risk when you return to SOCO activities. **If you have these conditions, you should not return to Special Olympics in person activities until there is little to no COVID-19 in your community.**

If you have been diagnosed with COVID-19, you should consult with a healthcare professional for written medical clearance before returning to Special Olympics in person activities as serious cardiac, respiratory, and neurological issues may develop as a result of COVID-19.