

# COVID-19 Code of Conduct



This form must be completed for every participant in Special Olympics North Carolina events/activities (athlete, volunteer, coach, Unified partner, family/caregiver) prior to their participating.

During this time of a pandemic, certain precautions are needed.

As a participant in any capacity (athlete, volunteer, coach, Unified partner, family/caregiver), this is the code of conduct that you are agreeing to by participating in Special Olympics North Carolina to help keep you and your fellow participants safe:

- If I test positive for or have symptoms of COVID-19, I will stay at home and NOT go to any activities for 5 days or until symptoms have resolved. I will go to my doctor and get written clearance before returning to any sport or fitness activities after testing positive for COVID-19.
- If I am exposed to COVID-19 and have no symptoms, I can return 5 days after exposure, but a mask must be worn for 5 additional days.
- Please refer to [CDC Guidelines](#) for more information about isolation and quarantine recommendations.
- Special Olympics gave me education on Special Olympics rules for COVID-19.
- 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.
- I know that before or when I get to a Special Olympics activity, they may 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 feet from all participants at all times.
- I will wear a mask [in accordance with the Special Olympics North Carolina Return to Activities Protocol](#). 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.
- I understand that if I do not follow all these rules, I may not be allowed to participate in Special Olympics activities during this time.

**WAIVER AND RELEASE OF LIABILITY  
ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT  
FOR COMMUNICABLE DISEASES**



Name of Participant: \_\_\_\_\_

Local program/county \_\_\_\_\_

Role of Participant: \_\_\_\_\_

email address \_\_\_\_\_

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 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 North Carolina 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 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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

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

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

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.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_