

**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. 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 *Georgia* 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 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.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY 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: _____

Special Olympics Georgia Participant Code of Conduct

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:

- ☐ I confirm that I do not have symptoms of COVID-19 and have not been in contact with anyone that has tested positive for COVID-19 symptoms in past 5 days (cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell)
- ☐ If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 5 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 5 days after exposure.

- ☐ If I get or have had COVID, I will not go to any in-person Special Olympics Georgia events until 5 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities.
- ☐ I will have my temperature checked prior to leaving home to attend any training, competition and/or group activity.
- ☐ If required, I will have my temperature checked upon arrival to any training, competition and/or group activity. If a fever exists, I will immediately depart to go home, this will include anyone I traveled with to this competition.
- ☐ Special Olympics Georgia provided me the education on Special Olympics 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 Georgia events in person, until there is little or no Coronavirus in my community.
- ☐ I will keep at least 6 feet from all participants at all times. This includes bathrooms, delegation sitting area during competition, picking up food or snacks, Olympic Town, and seating during Opening Ceremony. I will not engage in hugging, hand shaking, or high fives.
- ☐ If required, I will wear a mask at all times while at Special Olympics Georgia activities. I may or not have to wear it during active exercise, warm ups, or during competition.
- ☐ 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 understand that spectators could be limited at any training, competition, or group activity.
- ☐ 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 equipment must be shared, the appropriate cleaning supplies must be used to wipe down before the next athlete uses for competition or warmups.
- ☐ I agree to possible contactless pickups. Special Olympics Georgia will provide certain materials, HOD packets, t-shirts, snacks, water, etc. and understand that there could be no direct contact in picking up these items.
- ☐ I will only enter, leave, or move around the check-in and competition areas that my agency is assigned. I will continue practicing social distancing while in these areas.
- ☐ I will abide by Special Olympics Georgia's housing policy. Only the same gender will be allowed in each room. 1 person assigned to a dorm room. I will abide by the 10pm curfew.
- ☐ I understand that if I do not follow all of these rules, I may not be allowed to participate in Special Olympics Georgia activities during this time.
- ☐ I understand that any medical services needed for sickness or illness while participating at any Special Olympics Georgia event will not be covered by the Special Olympics Georgia insurance carrier, but instead will be covered by the insurance provider of the individual participant.

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Participant Signature: _____

Date signed: _____

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Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____