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 14 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 14 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.
☐ If I get or have had COVID, I will not go to any in-person Special Olympics Georgia events until 14 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.
☐ 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 understand that no spectators are allowed at any training, competition, or group activity.
☐ 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.
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: _____________________________