

# Covid-19 Code of Conduct & Waivers

SOMT is using an abundance of care for all events to ensure health and safety of our SOMT athletes, volunteers and organization. We are following the COVID guidelines set forth by the CDC and SOI to ensure that every precaution is taken to stop the spread of COVID-19. We will need all participants to sign a Communicable Disease Waiver in addition to the Waiver & Release of Liability Form.

We will also need the following documents completed on the day of your event (50 people max). After your event, send all documents to SOMT.

- Every participant must read the [Covid-19 Code of Conduct](#) and [Fact Sheet](#)
- Complete the [Covid Screening & Tracking Spreadsheet](#), listing every participant on form
- Have every participant sign the [Communicable Disease Waiver](#) and the [Release of Liability Form](#)

## REMINDERS:

- All participants to be reminded that they **MUST** stay home, if they are sick or showing signs and symptoms of COVID-19 or have been exposed to someone who has had COVID-19. They should be encouraged to contact their healthcare provider if they are feeling unwell.
- Before the start of any Special Olympics event/practice/training/competition (during Phases 1 and 2), a screening of all participants must be conducted to assess if anyone is showing signs or symptoms of COVID-19. **All participants at an event, training, or practice, must be documented in case someone in attendance is diagnosed with COVID-19 and contact tracing is needed.**

## SCREENING PROTOCOL

1. Must set-up a space for screening that maintains physical distance (6ft/2m) during screening.
2. Must ask the following questions (reinforced through visuals and verbally, such as a poster/paper with icons):
  - a. In the last 14 days, have you had contact with someone who has been sick with COVID-19?
  - b. Have you had a fever in the last week (temperature of 100.4°F/37.8°C or higher)?
  - c. Do you have a cough and/or difficulty breathing?
  - d. Do you have any other signs or symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)?
3. Should conduct onsite measurement of temperature using thermometer (preferred non-touch thermal scanning thermometer if possible).
  - a. Fever equals temperature of 100.4°F/37.8°C or higher. If high, may re-test after 5 minutes to ensure temperature is accurate.
  - b. If a person has a fever or any COVID -19 symptoms, please isolate the individual, send them home, recommend that they see their healthcare provider and advise SOMT staff.
4. Must record all names, results and contact information and keep in case needed for contact tracing or reporting.
  - a. If yes to any questions, participants **MUST** be isolated from the group (at minimum, kept 2m/6ft apart from others and with mask on), be sent home and instructed to contact their healthcare provider for evaluation.
  - b. Participants who are found to have COVID-19 symptoms must wait 7 days after symptoms resolve to return to activity OR must provide written proof of physician clearance to Special Olympics to return earlier.
  - c. Participants who test positive for/have COVID-19 must provide written medical clearance before returning to sport and fitness activities.

Throughout the event/practice/training/competition remind participants of infection prevention protocols (e.g. facemasks, physical distancing, hygiene, and disinfection/sanitation).

# Covid-19 Code of Conduct & Participant Risk Assessment Form

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:

- 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.
- Special Olympics gave me 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 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 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.
- I will keep at least 6 ft/2m from all participants at all times.
- I will wear a mask at all times while at Special Olympics activities. 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.
- 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.
- 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.

# Fact Sheet On Who Is At High Risk From COVID-19



Subject to Change Version: 6-5-20

## Who is at higher risk of COVID-19?

COVID-19 is a new disease and information is changing on who is more likely to get COVID-19 and who is will have more complications. Based on currently available information and clinical expertise, people with intellectual and developmental disabilities may be at higher risk of severe illness resulting in death from COVID-19.

Current clinical guidance and information from the U.S. 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, are also at high risk:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathy)
- People who are immunocompromised
  - i) Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher). To calculate BMI, refer to:
  - i) [www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/english\\_bmi\\_calculator/bmi\\_calculator.html](http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease
- People with brain and spinal cord disorders (like cerebral palsy, epilepsy, stroke)

If you are at a high risk, you may be putting yourself & others at risk when you return to activities with Special Olympics. 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.

# Covid Screening & Tracking Spreadsheet

Event: \_\_\_\_\_

Location / Date: \_\_\_\_\_

<b>Participant First and Last Name</b> <b>PRINT</b> <ul style="list-style-type: none"> <li>I could be working with vulnerable people and will be held to strict parameters of interaction with them.</li> <li>I grant Special Olympics Montana permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics.</li> </ul>	<b>Participant Type</b> (Athlete, Unified Partner, Coach, Volunteer, Staff, LETR)	<b>Contact Information</b> Address Email Phone	<b>Code of Conduct Signed</b> (Yes/No)	<b>Screened?</b> (Yes/No)  <b>Temperature</b>	<b>Sign or Symptoms of COVID-19?</b> (Yes/No)

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR  
Communicable Diseases Waiver  
("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 Montana 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 IT 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: \_\_\_\_\_

# LAW ENFORCEMENT TORCH RUN® Waiver & Release Form

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Participant's Name

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Address

E-Mail

(406)

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City

State Zip

Phone

## Waiver & Release of Liability, Assumption of Risk and Indemnification Agreement.

In consideration of participation in the Law Enforcement Torch Run® ("Event") to benefit Special Olympics Montana, I represent that I understand the nature of the Event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Event. I acknowledge that if I and/or my minor child believe Event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Event.

I fully understand that Event involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the Event, the conditions in which the Event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Event.

I hereby release, discharge, and covenant not to sue Special Olympics Montana, Law Enforcement Torch Run®, Special Olympics, Inc., host city and their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

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Printed Name of Participant

Date

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Signature of Participant OR Signature of Parent  
or Legal Guardian (if participant under 18)