

# COVID-19 Participant Release Form



This release form must be completed and signed by all participants (Athletes/Partners/Coaches) before participating in any Special Olympics WI activity. This form only needs to be signed once and can be turned in onsite at the activity or sent directly to SOWI. Please submit all forms to [covid@specialolympicswisconsin.org](mailto:covid@specialolympicswisconsin.org)

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 that these precautions are needed, I agree to the following to help keep me and my fellow participants safe:

✓ 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.
✓ 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 (back).
✓ 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 feet 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.

**LOCAL PROGRAM NAME (Agency/School):** 8-02 North Suburban Special Olympics

**PARTICIPANT FULL NAME:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**PARTICIPANT SIGNATURE** (required for adult (age 18+) participants, including adult athlete with capacity to sign documents)  
By signing this, I acknowledge that I have completely read and fully understand the information in this form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** (required for participant who is younger than age 18 or lacks capacity to sign documents)  
I am a parent or guardian of the athlete/participant named above. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

# COVID-19 Participant Release Form



## What are symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. For the most up to date listing of COVID-19 symptoms and to learn more, refer to the CDC website.

## 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
  - 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:
  - [https://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/english\\_bmi\\_calculator/bmi\\_calculator.html](https://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 at risk when you return to activities with Special Olympics. But, you may also put at risk your family and your teammates. 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.

Please submit the forms to [covid@specialolympicswisconsin.org](mailto:covid@specialolympicswisconsin.org) or the address below:

**Special Olympics Wisconsin, Inc.  
2310 Crossroads Dr., Ste. 1000  
Madison, WI 53718**

**Preferred: send print form to Linda Brothen, NSSO, 3131 S. 77th St., Milwaukee 53219  
or email copy to: [brothen@uwm.edu](mailto:brothen@uwm.edu)**