

COVID-19 PARTICIPANT CODE OF CONDUCT
AND RISK ASSESSMENT FORM

SPECIAL OLYMPICS
Illinois



I understand I could get Coronavirus through sports, training, competition and/or any Special Olympics Illinois group activity. I am choosing to participate in sports, competition and/or other Special Olympics Illinois 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 Illinois gave me education on Special Olympics Illinois 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 Illinois 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 Illinois 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 Illinois 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-19, I will not go to any in-person Special Olympics Illinois 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 Illinois activities during this time.

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Special Olympics
Illinois



SOILL RETAINS THE RIGHT TO MAKE THE FINAL DETERMINATION REGARDING ANY PARTICIPANTS INVOLVEMENT IN AN EVENT CONDUCTED BY SOILL.

I HAVE READ ALL OF THIS AGREEMENT OR HAVE HAD IT READ TO ME AND AGREE TO FOLLOW THESE ACTIONS.

PARTICIPANT FULL NAME: _____

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

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 a minor (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: _____

SPECIAL OLYMPICS ILLINOIS ATHLETE CONSENT, WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION FORM

Athlete Name: Last _____ First _____

Athlete Date of Birth ____ MM ____ DD ____ YY

Region E Agency Name JOLIET TOWNSHIP SPECIAL OLYMPICS

Are you a new athlete to Special Olympics Illinois or re-registering?

New Athlete Re-Registering

Special Olympics Illinois - hereafter referred to as SOILL.

An athlete must also have a valid Medical Form on file with SOILL to be eligible to participate.

If individual is a new athlete, has turned 18 since their last Medical Form submission or has a change in their guardianship status then an updated SOILL Consent Form must be submitted with the Medical Form.

I, on my own behalf or as the undersigned parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant") do hereby:

- Request permission for the Entrant to participate in SOILL programs.
- Represent and warrant to you that Entrant is physically and mentally able to participate in SOILL sports training and competition.
- Acknowledge that SOILL will screen all entrants using the Sex Offender Public Registry and understand that entrants listed on the Registry will be denied participation. I affirm that this Entrant has never been on said Registry or, if Entrant was listed on said Registry but has since been removed, I will contact SOILL for instructions before submitting this form.
- Acknowledge that Entrants charged or convicted of a criminal offense are subject to SOILL's Eligibility Policy, and agree that SOILL may conduct a criminal background check in appropriate circumstances. Entrant further acknowledges that Entrant understands and will follow SOILL's Eligibility Policy.
- Acknowledge that Entrant understands and will execute and follow the Athlete Partner Code of Conduct.
- Acknowledge that Entrant understands and will execute and follow the COVID Code of Conduct.
- Acknowledge that Entrant understands that participation includes possible exposure to an 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, Entrant willingly agrees to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, Entrant observes any unusual or significant hazard during presence or participation, Entrant will remove them selves from participation and bring such to the attention to the nearest official immediately.
- Acknowledge that Entrant understands there is a risk of injury and understands the risk of Entrant continuing to play sports with or after a concussion or other injury. Entrant may have to get medical care if they have a suspected concussion or other injury. Entrant may have to wait 7 days or more and get permission from a doctor before resuming sports activities.
- In permitting the Entrant to participate, I am specifically granting permission to SOILL and Special Olympics Inc. to use the likeness photo, video, name, voice, words and biographical information in television, radio, films, newspapers, magazines, social media and in any form not heretofore described for the purpose of advertising or communicating the purposes and activities of SOILL and Special Olympics Inc. in appealing for funds to support such activities.
- Consent for Entrant to participate in the SOILL Healthy Athlete Program that provides individual screening assessments of health status and health care needs. Entrant has no obligation to participate and I understand the Entrant should seek his/her/their own medical advice and assistance and SOILL is not responsible for the Entrant's health.
- For some events, Entrant may stay in a hotel, university type housing or someone's home. If I have questions I will ask.
- If I am unable, or my parent/guardian is unavailable, to consent or make medical decisions in an emergency, I authorize SOILL to seek medical care on my behalf.
- I understand that SOILL will be collecting Entrant's personal information as part of participation, including name, image, address, telephone number, health information and other provided personally identifying and health related information. Personal information may be used and shared consistent with this form and as further explained in the Special Olympics Inc.

Privacy Policy at www.SpecialOlympics.org/Privacy-Policy and further agree and consent to SOILL:

- Using Entrant personal information in order to make sure Entrant is eligible and can participate safely in trainings and events; share competition results (including on the Web and in news media); analyze data for the purpose of improving programming and identifying and responding to the needs of SOILL participants; perform computer operations, quality assurance, testing and other related activities; and provide event-related services.
- Using Entrant contact information for communicating with me about SOILL.
- Sharing information with medical professionals in an emergency or for injury treatment.

Entrants, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY FREELY AND VOLUNTARILY ASSUME ALL RISK, WAIVE AND RELEASE FROM LIABILITY, AGREE TO INDEMNIFY AND HOLD HARMLESS, Special Olympics Illinois, it's officers, officials, agents and/or employees, other participants, coaches, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of the venue/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, THE UNDERSIGNED ADULT ENTRANT, have read and fully understand the provisions of the ATHLETE CONSENT, WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION FORM and/or have had them explained to me. I hereby agree that I will be bound thereby and I shall defend SOILL and hold it harmless from disaffirmation thereof.

Signature of Entrant _____

Athlete is own guardian

Witness _____

Date _____

OR

FOR ENTRANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION), OR THOSE WHO LACK LEGAL CAPACITY TO SIGN DOCUMENTS

This is to certify that I, as parent, guardian, and/or individual with legal responsibility for this Entrant, have read and explained the provisions in this ATHLETE CONSENT, WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION FORM to said Entrant including the risks of presence and participation, as well as their personal responsibilities to adhere to the rules and regulations promulgated by SOILL. Furthermore, said Entrant understands and accepts these risks and responsibilities. I, for myself, spouse (if applicable), and Entrant do hereby consent and agree that said Entrant freely and voluntarily assumes all risk, and that we waive and release from liability, indemnify and hold harmless the above referenced RELEASEES for any and all liabilities incident to said Entrant's presence or participation in SOILL sports, training, competition and/or any other SOILL group activities as provided above, EVEN IF ARISING FROM THE RELEASEE'S NEGLIGENCE, OR OTHERWISE to the fullest extent provided by law.

Parent/Guardian/legally responsible individual's signature (required for Entrant who is a minor (younger than age 18) or otherwise lacks legal capacity to sign document).

Printed Name of parent/guardian/legally responsible individual: _____

Signature of parent/guardian/legally responsible individual: _____

Date: _____

Email address of Parent/Guardian/legally responsible individual: _____



WAIVER AND RELEASE OF LIABILITY
ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES
("Agreement") for SPECIAL OLYMPICS

Region E Agency Name (if applicable) JOLIET TOWNSHIP SPECIAL OLYMPICS

Participant Last Name _____ Participant First Name _____

Role: Unified Partner Coach/Class A Volunteer Other

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 Special Olympics Illinois or venue official immediately; and,
4. I agree to adhere to the COMMUNICABLE DISEASE PARTICIPANT CODE OF CONDUCT set forth immediately hereinbelow:

<u>COMMUNICABLE DISEASE PARTICIPANT CODE OF CONDUCT</u>
I understand I could get communicable diseases through sports, training, competition and/or any other Special Olympics Illinois ("SOILL") group activity. I am choosing to participate in sports, training, competition and/or other SOILL group activities at my own risk. Accordingly, I agree to the following to help keep me and my fellow participants safe:
If I have COVID-19 symptoms, or any similar communicable disease, I will NOT participate in or attend any SOILL group activities until at least 7 days after I no longer am exhibiting any symptoms, and my doctor has given me written clearance to participate in any SOILL group activity. If I am exposed to COVID-19, or any similar communicable disease, and have no symptoms, I will NOT participate in or attend SOILL group activities until at least 14 days after exposure.
SOILL gave me education on SOILL 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 SOILL events in person, until there is little or no Coronavirus in my community.
I know that before or when I attend any SOILL group activity, they may ask me some questions about symptoms and exposure to COVID-19, or any similar communicable disease. 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 wash my hands for a minimum of 20 seconds, or use hand sanitizer prior to participating in any SOILL group activity. I will wash my hands any time I sneeze, cough, go to the restroom, or get my hands dirty.



I will avoid touching my face. I will cover my mouth when I cough or sneeze and afterward I will immediately wash my hands.
I will not share drinking bottles or towels with other people.
I will only share equipment when I am instructed to, and, if instructed to share equipment, I will first make certain it has been disinfected.
I understand that if I fail to follow these rules and recommendations, or any other rules and recommendations SOILL may adopt in the future, I may not be allowed to participate in SOILL group activities.

Verbal consents or phone consents will not be accepted by Special Olympics Illinois.

- 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 Illinois, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of the venue/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 _____ Date Signed _____

Participant Signature _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION), OR THOSE WHO LACK LEGAL CAPACITY TO SIGN DOCUMENTS

This is to certify that I, as parent/guardian, and/or individual with legal responsibility for this participant, have read and explained the provisions in this waiver/release to said participant, including the risks of presence and participation, as well as their personal responsibilities to adhere to the rules and regulations for protection against communicable diseases. Furthermore, said participant understands and accepts these risks and responsibilities. I for myself, spouse (if applicable), and participant do hereby consent and agree to release, indemnify and hold harmless the above referenced Releasees for any and all liabilities incident to said participant's presence or participation in Special Olympics activities as provided above, EVEN IF ARISING FROM THE RELEASEE'S NEGLIGENCE, OR OTHERWISE to the fullest extent provided by law.

Parent/Guardian/legally responsible individual's Signature (required for participant who is a minor (younger than age 18) or otherwise lacks legal capacity to sign document)

Printed Name of parent/guardian/legally responsible individual: _____

Date Signed _____

Parent/Guardian/legally responsible individual's Signature _____



JOLIET TOWNSHIP HIGH SCHOOL DISTRICT 204



Using a Photograph or Videotape of a Student

Pictures of Unnamed Students: Students may occasionally appear in photographs and videotapes taken by school staff members or other individuals authorized by the building principal. The school may use these pictures without identifying the student in various publications, including the school yearbook, school newspaper, school website and district newsletter. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or school-related activities.

Pictures of Named Students: Many times, however, the school will want to identify a student in a school picture. School officials want to acknowledge those students who participate in a school activity or deserve special recognition.

Pictures of Students Taken by Non-School Agencies: While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student.

In order for the school to publish a picture with a student identified by name, one of the student's parents or guardians must sign a consent form. Please complete and sign this form to allow the school to publish and otherwise use photographs and videotapes, with your child or ward identified, while he or she is enrolled in the school.

Please Check One:

- I grant consent to School District 204 to identify a picture of my child or ward, by full name and/or the school he or she attends, in any school-sponsored material, publication, videotape or website. This consent is valid for the entire time my child or ward is enrolled in School District 204. I may revoke this consent at any time by notifying the building principal.
- I do not grant consent for _____ 's photo to be published.

Parent/Guardian Signature

Parent/Guardian Printed Name

Student Name

Parent/Guardian Phone

School Name

Date

Date _____

Joliet Township High Schools
ATHLETIC INFORMATION CARD

Student _____

Sport _____ Year in School _____

Date of Birth _____ Place of Birth _____

Parent's Name _____

Address _____ Zip Code _____

Home Phone _____

Work Phone _____

Emergency Number _____

Family Physician _____

Medical _____

NOTICE TO PARENTS:

1. The school will not be responsible for injuries or loss resulting from participation in sports.
2. The school carries limited insurance coverage for the student while participating in sports.
3. Read carefully the school accident insurance brochures. Schedules are definite and limited and in some cases do not cover the entire accident expense.
4. Expenses over and above the insurance coverage are the responsibility of the parents. The school assumes no obligation for this.
5. If you expect to receive payments under school accident insurance, authorization to visit a doctor must come from our school Health Services Department or the coach.
6. Except for first aid and emergency measures, parents may use their family physician.

IF MY SON/DAUGHTER IS INJURED AT PRACTICE OR AT AN ATHLETIC CONTEST AND THE COACH IS UNABLE TO CONTACT ME, YOU HAVE MY PERMISSION TO ADMIT MY SON/DAUGHTER INTO A HOSPITAL FOR MEDICAL TREATMENT.

Signature _____

Hospital Insurance Co. _____

Insurance No. _____

Family Physician _____

Family Hospital _____