



## SPECIAL OLYMPICS OHIO COVID-19 WAIVER

Name: \_\_\_\_\_

Local Program: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_, have reviewed the COVID-19 high-risk conditions (see below)  
Athlete/Unified Partner/Coach /Volunteer Name

and understand the inherent risk of contracting COVID-19 through coaching or participating in sports, competition and/or any group activity offered by Special Olympics. I also understand that an individual with an intellectual disability and/or with high-risk conditions may be at a higher risk of experiencing an adverse outcome, up to and including severe disability or death, should they become infected with COVID-19. I understand this and am choosing to coach or participate in sports, competition, and/or other Special Olympics activities at my own risk.

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

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Based on what we know now, those at high-risk for severe illness from COVID-19 are/have:

- People 65 years and older
- Blood disorders (sickle cell disease or on blood thinners)
- Chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- Chronic kidney or liver disease
- Severe obesity (body mass index of over 40, Refer to the CDC BMI Calculator)
- Compromised immune system, immunocompromised (seeing a doctor for cancer treatments, received an organ or bone marrow transplant)
- Current or recent pregnancy (in last two weeks)
- Endocrine disorders (like diabetes)
- Metabolic disorders
- Brain and spinal cord disorders (like cerebral palsy, epilepsy, stroke)

1. Have you been diagnosed with COVID-19? \_\_\_\_\_ YES (If Yes, Date of Diagnosis: \_\_\_\_\_) \_\_\_\_\_ NO

*If YES, athletes will be required to get a new Special Olympics medical that includes a doctor's visit.*

### PARTICIPANT SIGNATURE (required for any adult with capacity to sign legal documents)

*By signing this release, I acknowledge that I have completely read and fully understand the potential risk to my participation.*

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PARENT/GUARDIAN SIGNATURE (required for anyone who is a minor or lacks capacity to sign legal documents)

*I am a parent or guardian of the athlete named above. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_