



**Special Olympics Missouri COVID-19 Risk Acknowledgement Form
for Athletes, Unified Partners & Coaches/Chaperones**

First Name	Last Name
Address	
City/State	Zip
Email	
Cell Phone	Home Phone
Check one: <input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner <input type="checkbox"/> Coach/Chaperone	Area Program: <input type="checkbox"/> Central <input type="checkbox"/> Southeast <input type="checkbox"/> Kansas City Metro <input type="checkbox"/> Southwest <input type="checkbox"/> North <input type="checkbox"/> St. Louis Metro
Team/Agency Name(Please provide agency code if you know it. Ex. 66.099):	

I understand I could be exposed to or contract Coronavirus (COVID-19) through sports, training, competition and/or any group activity at Special Olympics Missouri. I am choosing to participate in sports, competition and/or other Special Olympics Missouri 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.
- I have received information in regards to COVID-19 and who is at high-risk.
- I understand that if I have a high-risk condition, I have more risk that I could get sick or die from COVID-19.
- I understand it is recommended that if I am high-risk to avoid in-person training, competition or SOMO activities to minimize my risk of exposure to COVID-19.
- I understand that before or when I get to a Special Olympics Missouri training, competition or activities, they may 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 understand that physical distancing of at least 6ft from others will help minimize my risk of potential exposure to COVID-19.
- I understand it is recommended to wear a mask when it is not possible to maintain a physical distancing of 6ft or more from others to help minimize my risk of potential exposure to COVID-19. I may not have to wear it during active exercise.
- I understand that washing my hands with soap and water for 20 seconds or using hand sanitizer before any activities will minimize my risk of potential exposure to COVID-19.
- I understand I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty to minimize my risk of potential exposure to COVID-19.
- I understand that I should avoid touching my face, to include my mouth, nose and eyes to minimize my risk of potential exposure to COVID-19.
- 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 Missouri 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 during this time.
- I understand by following these guidelines that I am helping to minimize the risk of exposure of myself and others to COVID-19.
- I understand that if I am a coach that I must complete the COVID-19 education and training via the Special Olympics Learning Portal and the SOMO COVID Training and Education.



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I HAVE READ THIS RISK ASSESSMENT FORM COMPLETELY OR HAVE HAD IT READ TO ME AND AGREE TO FOLLOW THESE GUIDELINES.

Participant Signature (required for participant adult(age18+) participants, including adult athletes with capacity to sign documents)

By signing this, I acknowledge that I have completely read and fully understand the information in this form. Please note if you need to sign the section for parent/guardian, just put an N/A in the signature box so you can move on.

Participant 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 First Name

Parent/Guardian Last Name

Signature of Parent/Guardian

Date