



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 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
- 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.

COVID-19 Participant Acknowledgement of Risk Form

**Special Olympics
Maryland**



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:

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| <ul style="list-style-type: none">• 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. |
| <ul style="list-style-type: none">• Special Olympics gave me education on Special Olympics rules for COVID-19 and who is at high-risk. |
| <ul style="list-style-type: none">• 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 consider not going to Special Olympics events in person, until there is little or no Coronavirus in my community. |
| <ul style="list-style-type: none">• 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. |
| <ul style="list-style-type: none">• I will keep at least 6 ft/2m from all participants at all times. |
| <ul style="list-style-type: none">• I will wear a mask at all times while at Special Olympics activities. I may not have to wear it during active exercise. |
| <ul style="list-style-type: none">• 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. |
| <ul style="list-style-type: none">• I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after. |
| <ul style="list-style-type: none">• I will not share drinking bottles or towels with other people. |
| <ul style="list-style-type: none">• I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first. |
| <ul style="list-style-type: none">• 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. |
| <ul style="list-style-type: none">• 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. |

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I HAVE READ ALL OF THE INFORMATION ON THIS FORM OR HAVE HAD IT READ
TO ME AND AGREE TO FOLLOW THESE ACTIONS.

PARTICIPANT FULL NAME: _____

PHONE: _____

EMAIL: _____

LOCAL PROGRAM (COUNTY) NAME: _____

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 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: _____