

**NAME OF ORGANIZATION**  
the "Organization"

**COVID-19 DECLARATION AND AGREEMENT**

This form is for any person who is a participant or volunteer of the organization, or an attendee at an event, program or activity of the organization.

By signing this form, the person named below, or the person's guardian, states all of the following to be true:

The person:

1. Does not knowingly have COVID-19.
2. Is not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath, or feeling unwell.
3. Has not travelled internationally during the past 14 days.
4. Has not, in the past 14 days, knowingly come into contact with someone who either:
  - a. has COVID-19,
  - b. has known symptoms of COVID-19, or
  - c. is self-quarantining after returning to Canada.
5. Has been following government recommended guidelines for COVID-19, including practicing physical distancing.

Further, by signing below, the person or their guardian agrees to the following:

While attending or participating in the organization's events, programs or activities or attending the organization's facilities, the person will:

1. Follow the laws, recommended guidelines, and protocols for COVID-19 issued by the provincial/territorial government, the local municipality, and all local medical officers of health.
2. Follow the guidelines and protocols mandated by Special Olympics for COVID-19.
3. Take the following actions if they experience any symptoms of illness, such as a fever, cough, difficulty breathing, shortness of breath, or feeling unwell:
  - a. immediately tell a representative of the organization of the symptoms,
  - b. identify everyone with whom they had contact at the organization's events, programs, activities or facilities, the symptoms experienced; and
  - c. leave the event, program, activity or facility.

## FOR ANYONE WHO HAS BEEN DIAGNOSED WITH COVID-19

**By signing below, you or your guardian state all of the following to be true:**

1. You have been diagnosed with COVID-19.
2. You have been cleared as noncontagious by provincial/territorial or local public health authorities.
3. You have given to Special Olympics (**insert Chapter**) written confirmation from a medical doctor of your diagnosis and clearance, along with this COVID-19 DECLARATION AND AGREEMENT.

**Please check the appropriate box and sign below.**

I am an athlete or volunteer or an attendee. I confirm that I understand and agree to the terms and conditions in this Declaration and Agreement.

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

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

I am a parent or legal guardian of the athlete/volunteer/attendee named on this Declaration and Agreement. I confirm that I understand and have explained the terms in this form to the athlete/volunteer/attendee and agree on their behalf to the conditions stated above. I also confirm that I have legal authority to sign this document on behalf of the person. I understand that Special Olympics is relying on my statement that I have the legal authority as guardian or parent, and I agree to provide the organization with any document to confirm this authority if they request it. I also agree to indemnify and protect the organization from any harm or cost if I have signed this Declaration and Agreement without legal authority to do so.

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

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

Name of athlete/volunteer/attendee for whom I am signing: \_\_\_\_\_