



## **FACT SHEET ON WHO IS AT HIGH RISK FROM COVID-19**

### **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](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 Phase 3.

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.

## Expected Behaviors

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

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

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 official immediately; and,
4. 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 Maryland, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of 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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

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

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

**Parent/Guardian Signature (required if under 18 years old or has a legal guardian)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

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