



Special Olympics Ontario
the “Organization”

COVID-19 DECLARATION AND AGREEMENT – Individual

This form is for any person who is a participant or volunteer of the organization, or an attendee, spectator or support person 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 currently have, or within the last 10 days has not had COVID-19.
2. Is not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath, or feeling unwell.
3. If returning from international travel in the past 14 days, has adhered to the testing and quarantine requirements established by the Canadian Border Services Agency upon returning to Canada.
4. Is not currently under advisement of a doctor, health care provider, or public health unit to be isolating (staying at home)?
5. Has not, in the past 10 days, knowingly come into close 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.
6. Has been following government recommended guidelines for COVID-19, including practicing physical distancing.
7. If 12yrs of age or older, is fully vaccinated and has submitted the SOO Vaccine Declaration Form and has been confirmed eligible for in person programs.
Full vaccinated = 14 days after receiving your second dose in a 2-dose series vaccine (i.e., Pfizer-BioNTech, Moderna or Astrazeneca/COVISHIELD) or a complete single dose in a single-dose vaccine (i.e., Johnson & Johnson)

Further, by signing this form, 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.

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FOR ANYONE WHO HAS BEEN DIAGNOSED WITH COVID-19

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

1. You have been diagnosed with COVID-19 (RAT or PCR testing) or suspected as having COVID-19 (symptom check).
2. You have completed a minimum of 10 days isolation time prior to returning to program.

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: _____ (Please Print)

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: _____ (Please Print)

Signature: _____

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