

## BULLDOG PLEDGE

### BRYANT UNIVERSITY DEPARTMENT OF ATHLETICS COVID-19 EXPECTATIONS AND PLEDGE: STUDENT-ATHLETES

Bryant University (Bryant) and the Department of Athletics welcome you back to campus. The entire United States is involved in a pandemic, and the novel coronavirus (COVID-19) remains a highly contagious virus that can cause secondary health complications. Secondary health complications due to Covid-19 may include, but are not limited to: severe respiratory illness, chronic respiratory issues, cardiac issues such as myocarditis, or even death. **The risk of COVID-19 exposure and infection cannot be eliminated; however, your consistent adherence to these expectations can help to reduce your risk and the risk to your peers.**

Bryant Athletics has developed the following expectations for all Bryant student-athletes to promote a safer return to athletics participation for everyone involved. Bryant's highest priority is the safety of its community members and an essential part of the safety of our community is your adherence to these expectations. **Therefore, these expectations are also your pledge that you will contribute to community safety.**

To participate in athletic activities, including meetings, strength and conditioning sessions, practices and competitions you must be an active participant in maintaining your own well-being and safety. Additionally, you must also pledge in helping to maintain the safety of others by following all the guidelines and recommendations from Bryant University and Bryant Athletics.

Bryant Athletics may modify these expectations at any time and will provide notice in the event such modifications are made. Student-athletes are required to make every effort to keep themselves apprised of changes to these expectations. Any Bryant student-athlete who tests positive for COVID-19 will not be able to return to athletic participation until fully cleared by a Bryant Team Physician.

I, \_\_\_\_\_, agree:  
(PRINT NAME)

- To adhere to all guidelines agreed to in the Bryant Pledge for all students.
- To timely report any exposures to COVID-19 to the athletic training staff
- If I develop symptoms of any illness, to contact my athletic trainer and cooperate with any follow-up requirements, including being tested for COVID-19 and self-quarantining while the test results are pending, and/or being evaluated by the athletic training staff

- If I am determined to be positive for COVID-19, to self-isolate in a designated location until my symptoms have improved consistent with Bryant guidelines.
- To participate fully and honestly with the Bryant sports medicine staff, Bryant contact tracing staff and/or local public health officials for contact tracing to determine whom I might have potentially exposed to COVID-19
- To wear a face covering in all designated spaces, including any public spaces, to practice social distancing as much as possible, and to frequently wash and/or sanitize my hands. I will abide by any additional safety standards recommended by the Bryant sports medicine staff
- To agree to all Bryant protocol, which includes testing for COVID-19 and potential subsequent self-quarantining, if identified as being in contact with anyone who has been determined to be positive for COVID-19
- To complete the Bryant University Health Checker App daily

I understand COVID-19 is a highly contagious virus and it is possible to contract COVID-19 even when Bryant Athletics practices all of the appropriate safety precautions, and those recommended by the CDC, the Rhode Island Department of Health and others, and even if Bryant University implements all reasonable and appropriate guidelines to reduce the spread of the infection. I know that by participating in athletic activities including in-person meetings, weight training and conditioning, treatment, rehabilitation, skill development, practices, scrimmages, games, travel, attending events and activities, or otherwise interacting with anyone on campus I may be exposed to COVID-19. I also understand that despite all reasonable efforts by Bryant University, I can still contract COVID-19, could still be exposed to and infected by the COVID-19 virus, and, if exposed or infected, I may expose and infect others with the COVID-19 virus. Note, that if you infect others with COVID-19 they are also subject to the risk of major health problems, including death, listed above. I further understand that the CDC has established that individuals of any age with the following underlying medical conditions are at increased risk:

- Chronic kidney disease
- COPD (chronic pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index of 30 or greater). Most recent BMI is on your submitted annual physical in ARMS.
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

The CDC has also advised that children who have complex medical situations, who have congenital heart disease or who have neurologic, genetic, metabolic conditions are at higher risk for severe illness from COVID-19 than other children.

The CDC has also said that people with the following conditions **might** also be at an increased risk for severe illness from COVID-19.

- Asthma (moderate to severe)
- Cerebrovascular disease (affects blood vessels and blood supply to brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids or use of other immune weakening medicines
- Neurologic conditions
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type I Diabetes mellitus

I have reviewed the high-risk categories above and understand that some student-athletes, including myself, may have an increased risk of adverse outcomes from COVID -19. It is my responsibility to consider these risks as part of my risk/benefit ratio of participation in athletics. Further, I understand that I may opt out of participation in athletics this Fall and have no consequences (i.e. loss of athletic aid or change in roster status) for doing so.

By signing below, I acknowledge that I have read, understand, and agree to follow the expectations detailed in this document. In order to reduce my risk and that of others, I agree to be an active participant in maintaining my own health, wellbeing, and safety as well as the safety of others by following and adhering to public health guidelines communicated by the University. I understand and agree with these expectations and pledge that they are a condition of my participation in Bryant Athletics and that any violation may lead to immediate removal of athletics participation and suspend or terminate my access to athletics facilities. I hereby affirm that I have fully disclosed in writing any prior medical conditions, symptoms or exposures to the Bryant sports medicine staff and will also report the same in the future.

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

Sport: \_\_\_\_\_

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

**For Minors Only**

Parent/Guardian (print): \_\_\_\_\_

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

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