



## **Head of Delegation (“HOD”) and Assistant Head of Delegation (“AHOD”) Code of Conduct**

Special Olympics, Inc. (“SOI”) is committed to the highest ideals of management of a Delegation and expects all HODs and AHODs to prepare their delegations in a professional way where safety, health, and dignity of all Delegation members (“Members” or “Delegation”) are always in focus.

HODs and AHODs agree to the following Code of Conduct (“Code”) and understand that violation of this Code may lead to a range of consequences, up to and including revoking of the Games credential and future role within Special Olympics as the HOD and/or AHOD.

### **Respect for Others**

I will respect the rights, dignity and worth of all Members, the Local Organizing Committee (“LOC”) staff, SOI staff, Delegation Assistant Liaisons, volunteers, families, media, friends, spectators, and all other individuals affiliated with the Games.

I will treat everyone equally regardless of their sex, ethnic origin, religion, race, color, sexual orientation, disability status, or any other defining characteristics of an individual’s identity.

I will ensure that all Members are trained and prepared for their roles.

I will be a positive role model for all Members.

### **Health and Safety of Athletes/Mandatory Training Courses**

I will always keep the health and safety of the Members as my priority.

I will apply pandemic, epidemic, and other health mitigations/regulations required by the LOC and SOI. I will provide all necessary documentation, such as test certifications.

I will ensure that my Members are familiar with and complete the anti-abuse/safeguarding training(s) (e.g., [Operation Safeguard](#) / Protective Behaviors) prior to departure for the Games. This includes ensuring my Members understand proper reporting procedures and know to whom to report an incident.

I will ensure that the [anti-doping policy](#) is familiar to and followed by all Members.

I will ensure that all athletes are declared ready to compete by ensuring each athlete's medical form is reviewed by and signed off by the delegation medical staff.

I will cooperate with delegation medical staff and onsite medical professionals, and if an athlete or any Member requires medical attention or hospitalization, I will ensure they are accompanied by a coach or the AHOD.

### **Prepare and Manage the Delegation**

I will ensure that athletes, Unified Partners, coaches, and other staff are properly trained, familiar with all of SOI's sports rules, and prepared for competitions.

I will meet all deadlines established by the LOC and SOI and respond in a timely manner to communication and requests.

I will complete SOI's online readiness training for HODs /AHODs, prior to my departure for the Games.

I will attend HOD webinars, Virtual HOD Seminar, HOD site visits, HOD advanced meetings, and the daily HOD meetings; and I will ensure that any information received from the LOC is shared with all Members. If I cannot attend I will request copies of the materials shared and view a recording of the meetings, if available.

I will verify the accuracy of registration information and approve the credentials of my Delegation.

I will keep copies of necessary Delegation information, such as medical information, accessible always and maintain compliance with GDPR and other privacy policies applicable to my Members including [SOI's Privacy and Data Security Policy](#).

I will plan and organize a safe and smooth travel for my Delegation to and from the Games site. This includes beginning the process of obtaining necessary travel documents in a timely manner prior to departure.

I will follow the LOC's check-in procedures at the official accommodation venues.

I will ensure that Members are aware of and comply with the rules at all official Games accommodation and competition venues.

I will respect and follow the LOC's guidelines to ensure that my Delegation's participation in the Opening and Closing Ceremonies will be a dignified experience.

*Signature Page Follows*



I have read the Code and agree to abide by the guidelines, and I understand the ramifications if I violate or permit my Delegation to engage in behavior which violates the Code.

Name of Program: \_\_\_\_\_

Signature of HOD/AHOD \_\_\_\_\_

Print Name of HOD/AHOD: \_\_\_\_\_

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