1) Overview:
   a) All state and local re-opening guidelines must be met before returning student-athletes to campus.
   b) UWO campus must be open to the general student population and staff before returning student-athletes to campus.
   c) Upon return to campus, all teams/student-athletes will complete Phase One and Two of NCAA’s Core Principles of Resocialization of Collegiate Sport (see phases below).
   d) Must be in Phase Three of the NCAA’s Core Principles of Resocialization of Collegiate Sport in order to compete in athletic competitions against other institutions.
   e) Plan will be implemented in collaboration with Titans Return for Fall 2020 policies and with guidance from the Winnebago County Health Department.

### NCAA Core Principles of Resocialization of Collegiate Sport

<table>
<thead>
<tr>
<th>Gating Criteria</th>
<th>Have been satisfied in accordance with federal/ state/ local guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A downward trajectory of influenza-like illnesses reported within a 14-day period and a downward trajectory of COVID-like syndromic cases reported within a 14-day period</td>
<td></td>
</tr>
<tr>
<td>2. A downward trajectory of documented cases of COVID-19 within a 14-day period or a downward trajectory of positive tests as a percentage of total tests within a 14-day period</td>
<td></td>
</tr>
<tr>
<td>3. Hospitals can treat all patients without crisis care and there is robust testing program in place for at-risk health care workers, including antibody testing</td>
<td></td>
</tr>
</tbody>
</table>

| Phase One | In accordance with federal guidelines, resocialization of sport for Phase One assumes the following: |
1. Gating criteria have been satisfied for a minimum of 14 days.
2. Vulnerable student-athletes, athletics health care providers, coaches and athletics personnel should continue to shelter in place. Vulnerable populations include individuals with serious underlying health conditions such as high blood pressure, chronic lung disease, diabetes, obesity and asthma, and those whose immune system is compromised, such as by chemotherapy.
3. Those living in dorms and other residences where vulnerable individuals reside should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home, and appropriate isolating precautions should be taken.
4. Physical distancing should continue.
5. Gatherings of more than 10 people should be avoided unless precautionary measures of physical distancing and sanitization are in place.
6. Gyms and common areas where student-athletes and staff are likely to congregate and interact, should remain closed unless strict distancing and sanitation protocols can be implemented.
7. Virtual meetings should be encouraged whenever possible and feasible.
8. Nonessential travel should be minimized, and Centers for Disease Control and Prevention guidelines regarding isolation after travel should be implemented.

Phase Two

In accordance with the federal guidelines, if Phase One has been implemented successfully, with no evidence of a rebound, and gating criteria have been satisfied for a minimum of 14 days since the implementation of Phase One:
1. Vulnerable individuals should continue to shelter in place.
2. Awareness and proper isolating practices related to vulnerable individuals in residences should continue.
3. Physical distancing should continue.
4. Gatherings of more than 50 people should be avoided unless precautionary measures of physical distancing and sanitization are in place.
5. Gyms and common areas where student-athletes and staff are likely to congregate and interact should remain closed, or appropriate distancing and sanitation protocols should be implemented.
6. Virtual meetings should continue to be encouraged whenever possible and feasible.
7. Nonessential travel may resume.
## Phase Three

In accordance with the federal guidelines, if Phase Two has been implemented successfully, with no evidence of a rebound, and gating criteria have been satisfied for a minimum of 14 days since the implementation of Phase Two:

1. Vulnerable student-athletes, athletics health care providers, coaches and athletics personnel can resume in-person interactions, but should practice physical distancing, minimizing exposure to settings where such distancing is not practical.
2. Gyms and common areas where student-athletes and staff are likely to congregate and interact can reopen if appropriate sanitation protocols are implemented, but even low-risk populations should consider minimizing time spent in crowded environments.
3. Unrestricted staffing may resume.

2) Applicability:
   a) Student-athletes, athletic staff, external stakeholders

3) Procedure:
   a) Personal Protective Equipment
      i) Sports Medicine Staff
         (1) Face Coverings
            (a) At all times when in a campus facility or at a practice/game
            (b) Ok to remove to eat or when in office with no others present
            (c) Face shield may be substituted for surgical mask if staff member desires
         (2) N95, Face Shield, Gloves, Gown
            (a) Worn if working with a student-athlete with COVID-19 like symptoms.
            (b) Worn if obtaining nasopharyngeal swab.
      b) Masking and Respiratory Etiquette
         i) Based on CDC guidance, all participants should always wear face coverings (i.e. masks), especially when physically distancing measures are difficult to maintain.
            (1) Student-athletes and staff must wear a face covering while in all athletic facilities unless participating in physical activity or otherwise directed by the athletic training staff.
            (2) Student-athletes and staff must wear a face covering during transportation.
(3) Student-athletes will be provided with a minimum of one face mask for their daily use.
(4) Coaches and athletic staff will be provided with a minimum of one face shield and face mask for their daily use.
(5) Face coverings can be removed for eating, when physically active, when in isolation, when observing social distancing, and participating in practice and games.

c) Personal Hygiene Etiquette
   i) Based on CDC guidance, all student-athletes will be reminded to:
      (1) Wash hands frequently with soap and water for a minimum of 20 seconds especially prior to and after using equipment, receiving medical treatment, and before and after workouts.
         (a) Alcohol-based hand rub (ABHR) sanitizer containing at least 60% alcohol should be used frequently when hand washing is unavailable, especially during practices or competitions. This product will be readily available throughout all athletic facilities and at practices/competitions.
      (2) Avoid touching eyes, nose and mouth with unwashed hands.
      (3) Cover cough and sneeze with inside of elbow or tissue.
      (4) Discard tissues immediately after use.
      (5) No spitting.
      (6) No sharing of towels.
      (7) No sharing of water bottles.
      (8) Shower immediately after physical activity.

d) Physical Distancing
   i) Based on CDC guidance, all student-athletes and staff must practice physical distancing of a minimum of 6 feet (2 arm widths) when possible.
   ii) Discourage unnecessary physical contact (high fives, handshakes, fist bumps, hugs).

e) Cleaning and Disinfecting
   i) The University has implemented significant cleaning and disinfecting measures, which will be coordinated for Athletics by Facilities Management. Athletics staff will work with Facilities to clean Oshkosh Sports Complex (OSC) using all disinfecting equipment including electrostatic machine. Facilities will continue to address Kolf Sports Center cleaning.
      (1) Deep cleaning has recently occurred in all campus facilities.
(2) All athletic facilities and equipment will be cleaned and disinfected daily and at regular intervals throughout the day in high-use areas.
   (a) Frequently Touched Surfaces
   (b) Playing Surfaces
   (c) Water Fountains
      (i) Mouthpieces of water fountain will be shut off and unavailable.
      (ii) Water bottle dispensers will be available in certain locations.
   (d) Athletic Training Room
      (i) Once a day (Dedicated time for AT’s)
      (ii) Table/Equipment between every student-athlete

(3) An electrostatic disinfecting sprayer is used where appropriate in locker rooms, shower areas, weight rooms, and other facilities, which will be provided by custodial management. One will be provided for OSC and one would be for Kolf.

(4) Additional cleaning measures will be taken if the University is notified that an individual with a positive diagnosis of COVID-19 was, or currently is, on campus.

f) Minimize sharing of equipment and objects
   i) Limit certain equipment to one group of players.
   ii) Disinfect equipment between individual and group use.

(5) Functional Units
   i) Student-athletes should be trained in functional units of 5-10 individuals in phases one and two and documentation of groupings should be kept for contact tracing.
   ii) All athletic-related activities should be scheduled in a way to reduce interactions between multiple units and to limit the number of individuals entering and exiting in the same time period.

(6) Waiver of Liability and Titan Safety Promise
   i) All student-athletes and staff members will be required to sign a waiver of liability and the Titan Safety Promise. (Waiver provided below).

(7) Education
   i) Hand and personal hygiene
ii) Signage (free on CDC website) at locker rooms, athletic training room(s), meeting rooms, gyms, weight room
iii) Video sent by email demonstrating proper hand hygiene
iv) Masking policy signs
v) Email sent before arriving to campus
vi) Contact Tracing

4) Guidance Documents/Policy Links:
   a) NCAA Sports Science Institute:
   c) NATA ICSM Pre-Return and Return-to-Campus Preparation and Communication Plan:
   d) Centers for Disease Control and Prevention (CDC) Guidelines:

5) Definitions
   a) COVID like illness/symptoms
      i) Shortness of breath
      ii) Difficulty breathing
      iii) Cough or other respiratory symptoms
      iv) Headache
      v) Chills
      vi) Muscle aches
      vii) Sore throat
      viii) New loss of taste or smell
      ix) Nausea, vomiting or diarrhea
      x) Pain, redness, swelling or rash on toes or fingers (COVID-toes)
      xi) New rash or other skin symptoms
      xii) Temperature of 100.4° Fahrenheit or greater
   b) Known Exposure
i) Contact with an infected individual or prolonged contact with a crowd without physical distancing

c) Isolation
   i) Keeping sick people away from others by limiting contact. They are separated from everyone else either in their home or in another place that allows for it.

d) Quarantine
   i) Restricts movement and contact of healthy people who have been exposed and lasts for 14 days.

e) COVID-19 PCR test
   i) A laboratory test for use in testing patient specimens for severe acute respiratory syndrome.

f) Personal Protective Equipment
   i) Protective materials such as gowns, gloves, masks, face shields, among others designed to protect the wearer's body from injury or infection.

g) Medical Stability
   i) Medical Stability is determined by the mental status and vital signs of the patient.
      (1) A patient is considered mentally unstable if the patient does not have any motor response or is unable to respond. This includes no reaction to a pain stimuli, unable to move, unable to obey commands, no eye response (pupil dilation or constriction), no verbal response (this includes no response at all, incomprehensible words, not making any sense, confused, or disoriented speech).
      (2) A patient is considered to have unstable vital signs if a patient is increased temperature (above 100.4 F), unable to breath (or difficult breathing), does not have a pulse, decreased oxygen blood saturation, or abnormal blood pressure.
      (3) A patient is considered to be medically stable if they have full mental status (able to comprehend what is happening around them and able to focus) and have normal vital signs (normal heart rate, respiratory rate, blood pressure, temperature, and oxygen saturation).

h) Re-Acclimatization
   i) The act or process of readapting an individual to a given environment or situation.
i) Contact Tracing
   i) Communication process that supports an infected individual and identifies individuals that may be at risk for COVID-19 due to contact with an infected individual. It is important to limiting the spread of COVID-19 by identifying those that are at risk and asking them to isolate (positive COVID-19 patient) or quarantine (healthy person that encountered a positive COVID-19 patient).

j) Actively Participating
   i) When a student-athlete is involved in either practice or games and is participating in practice. A student-athlete is not actively participating when they spend most of the time during a practice or game watching other players.

6) Revision History:
   a) Created: June 25, 2020
   b) Revised/Reviewed: [Date]
Agreement for Assumption of Risk, Compliance, Indemnification, Release,
Consent for Emergency Treatment, Photography and Video Release

I, ________________________________, (print name), age ________, desire to participate in
Intercollegiate Athletics Program at the University of Wisconsin Oshkosh (hereinafter “University”) during
the 2020-2021 academic year. I understand that I am being asked to CAREFULLY READ each of the
following paragraphs. I also understand that if I wish to discuss any of the terms contained in this
agreement, I may contact Risk and Safety at (920) 424-3215.

Assumption of Risks:
I understand that participating in University Intercollegiate Athletics events and activities, by its very nature,
includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and/or
illness. I am aware of the risks of participation, which include but are not limited to minor injuries such as
bruises, contusions, broken bones, and concussion; potentially catastrophic injuries such as paralysis
and/or death; and possible exposure to and contraction of illness from infectious diseases including but not
limited to MRSA, influenza and COVID-19, which may result in hospitalization, catastrophic illness, and/or
death. I understand that the University has advised me to seek the advice of my physician before
participating in the University Intercollegiate Athletics Program. I acknowledge that I have been advised to
have health and accident insurance in effect, and that no such coverage is provided for me by the University,
the Board of Regents of the University of Wisconsin System, or the State of Wisconsin (collectively, the
“Releasees”). I know, understand, and appreciate the risks that are inherent to the activities
associated with participating in exercise on campus. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Compliance with Health Requirements:
I willingly agree to comply with all University expectations and requirements regarding public health
measures related to infectious diseases as a condition of participation in the program. If at any time I do
not feel safe participating, or if my participation could be a danger to others, I will immediately remove
myself from participation. I understand that this obligation requires me to remove myself from participating
in program events and activities if I am experiencing symptoms of an infectious disease.

Hold Harmless, Indemnity and Release:
In consideration of my permission to participate in the event activities, I, for myself, spouse, heirs, personal
representatives, estate or assigns, agree to defend, hold harmless, indemnify and release, the Releasees
and their officers, employees, agents, and volunteers from and against any and all claims, demands,
actions, or causes of action of any sort on account of damage to personal property, personal injury, illness,
and/or death which may result from my participation in the event activities. This release includes claims
based on the negligence of the Releasees, their officers, employees, agents, and volunteers, but expressly
does not include claims based on their intentional misconduct or recklessness. I understand that by
agreeing to this clause I am releasing claims and giving up substantial rights, including my right to
sue.
Consent for Emergency Treatment:
I authorize the University and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all charges incurred by any hospitalization or treatment rendered pursuant to this authorization. I understand that medical insurance coverage is NOT provided to me by the Releasees.

Photography and Video Release:
I, the undersigned, do hereby assign to the University absolutely, the copyright and/or the right to copyright photographs and/or video tapes of me and the right of reproduction thereof, either wholly or in part, and the unrestricted use of thereof in whatever manner the University or its licenses or assignees may in their absolute direction think fit for any and all advertising or other purposes whatsoever, including the right of necessary retouching, tinting or work up for reproduction purposes.

<table>
<thead>
<tr>
<th>Participant Signature:</th>
<th>Parent/Legal Guardian Signature: (if Participant is under 18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature Date:</td>
<td>Signature Date:</td>
</tr>
</tbody>
</table>