

# 2021-2022 Indiana FCCLA COVID SAFETY AGREEMENT & WAIVER



FCCLA is offering an in-person attendance at the 2021 Indiana FCCLA Fall Rally to affiliated members, advisers, state staff, and guests pursuant to local government orders permitting such gatherings at this time. FCCLA requires all attendees and Staff to comply with safety precautions specified in the state, local government, and CDC guidelines. Any person disclosing or exhibiting symptoms of COVID-19, or knowingly exposed to the disease, will be refused admittance to the in-person event. Any person refusing to comply with required safety protocols will be required to leave at their own expense. Before receiving your name badge and registration materials on site and entering the conference area, you will be asked to acknowledge and accept the following terms and conditions. A signed form per attendee will be required.

- I confirm that I have not knowingly been exposed to anyone testing positive or presenting symptoms of COVID-19 within the last six (6) days before arriving on site.
- I confirm I have not myself tested positive or presented any of the symptoms of COVID-19 listed below. I will not enter the conference area if I am experiencing any signs or symptoms of COVID-19. I acknowledge that common symptoms of COVID-19 include:
  - Fever (temperature of 100.4 F or higher)
  - Chills
  - Cough
  - Shortness of breath or difficulty breathing
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
- I confirm I will immediately quarantine myself and leave the conference area and notify FCCLA Staff if I, or someone I have been in close contact with, is exposed to COVID-19, exhibits COVID-19 symptoms or receives a positive COVID-19 test result.
- I expressly agree to fully comply with appropriate COVID-19 health and safety measures and protocols set for attendance at the 2021 Indiana FCCLA Fall Rally, including the requirement to wear face masks at all times, if required, and maintain appropriate social distance in accordance with applicable state and local requirements.
- While in attendance at the 2021 Fall Rally, I will make every effort to maintain CDC- recommended hygiene procedures at all times, including following the guidelines of frequent hand washing(or suitable hand sanitizer), avoid touching my eyes, nose, and mouth in public places and covering coughs or sneezes with a tissue or inside my elbow.
- Assumption of Risk:** The COVID-19 virus continues to spread from person-to-person contact and other means, and people reportedly can spread the disease without showing symptoms. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. Therefore, if you choose to participate in the 2021 Indiana FCCLA Fall Rally, you may be exposing yourself to or increasing your risk of contracting or spreading COVID-19, despite our safety precautions. In exchange for being allowed to participate in the conference, I hereby choose to accept the risk of contracting COVID-19 for myself or my family.
- Waiver of Lawsuit/Liability:** I hereby forever release and waive my right to bring suit against Indiana FCCLA and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my participation in 2021 Indiana FCCLA Fall Leadership Rally. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, based upon claims of negligence.

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**I certify that I have reviewed Indiana FCCLA Safety and Health Preparedness Plan with my adviser/ chaperone and parent/guardian and agree to follow the protocols as stated throughout the conference. I understand that all attendees not adhering to the safety protocols will not be admitted into the conference area or into any sessions.**

_____ Adviser/Chaperone (Circle One) PRINTED NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ Student PRINTED NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ Parent/Guardian (Circle One) PRINTED NAME	_____ SIGNATURE	_____ DATE SIGNED

**This form must be turned in onsite when picking up conference registration materials.**