



COVID-19 ACKNOWLEDGEMENT

Event Name: _____ Event Date(s): _____

SkillsUSA Florida events are offered in-person pursuant to local government orders permitting such gatherings. SkillsUSA Florida requires all attendees and staff to comply with safety precautions specified in the federal, state, and local governments, as well as current 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 the event at their own expense. Conference registrants must complete this form as acknowledgement and acceptance of the following terms and conditions:

- I will not travel/attend if I knowingly have been exposed to anyone testing positive or exhibiting symptoms of COVID-19 (based on current CDC guidance). I will not travel/attend if any member of my household has been exposed or tested positive within 10 days of the event.
- I will not travel/attend if I have myself tested positive or presented any of the symptoms of COVID-19 listed below. I will not enter the event 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 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 will immediately isolate myself and leave the event and notify SkillsUSA Florida 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 event, including adhering to CDC guidelines and applicable state and local requirements related to the wearing of face masks, temperature checks, maintaining appropriate social distance, and other requirements.
- While in attendance at the event, I will make every effort to always maintain CDC-recommended hygiene procedures, including following the guidelines for frequent handwashing (or suitable hand sanitizer), avoiding 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 through person-to-person contact and other means, and people can reportedly spread the disease without showing symptoms. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness, or even death. Therefore, by choosing to participate in the event, you may be exposing yourself or increasing your risk of contracting or spreading COVID-19, despite safety precautions. In exchange for participating in the event, I hereby willingly accept the associated risk of contracting or spreading COVID-19.

WAIVER OF LIABILITY

I hereby release and waive my right to bring a suit against Florida SkillsUSA Inc and SkillsUSA Inc, and, including but not limited to, its officers, directors, managers, officials, trustees, agents, employees, volunteers, and/or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my participation in the in-person event. 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 on claims of negligence.

Participant Printed Name

Participant Signature

Parent/Guardian Printed Name *(if under the age of 18)*

Parent/Guardian Signature

School/Chapter

Advisor Name