

FFA Chapter:_____

Indiana FFA Association (Indiana FFA)

Notice of COVID Mitigation Strategies and Waiver

Event or Activity Name: State _____ CDE

On March 11, 2020, the World Health Organization declared the Coronavirus Disease 2019 (COVID-19) to be a global pandemic and, on March 13, 2020, the President of the United States declared a national emergency with respect to this dangerous virus. On March 6, 2020, the Governor of the State of Indiana declared that a public health emergency existed throughout the State of Indiana because of COVID-19. To reduce and slow the spread of COVID-19, the Centers for Disease Control and Prevention (CDC) and the Indiana State Department of Health recommended implementation of mitigation strategies regarding this virus including limitations on large gatherings and social distancing measures, including the following:

- Wash your hands often with soap and warm water for at least 20 seconds, especially after being in a public place, blowing your nose, or coughing.
- If soap and water aren't available, use a hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick
- Stay home as much as possible
- Maintain physical distance between yourself and other people. A distance of at least 6 feet at all times.
- Cover your mouth and nose with a cloth face cover while around others
 - The cloth face covering is meant to protect other people in case you are infected
 - Do not place face coverings on children under age 2, anyone with trouble breathing, or unable to remove the mask without assistance

Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?

Yes No

In the past 48 hours, have you experienced any symptoms associated with COVID-19 such as a fever of 100 or above, possible fever symptoms (chills/sweats) or dry cough:

Yes No

Have you recently been in close contact with anyone who has exhibited any symptoms?

Yes No

Have you recently been in contact with anyone who has tested positive for COVID-19?

Yes No

Have you recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department? Including China, Italy, Iran, and countries in Europe.

Yes No

I understand that if any of my above answers changes during the term of this Agreement, I am obligated to inform Indiana FFA immediately in order to mitigate the risks to other participants.

In consideration for the Indiana FFA allowing me and/or my child to participate in this event/activity, I the undersigned, (and my parent or legal guardian, even if over 18 years old) individually and collectively referred to below in the first person singular, agree to be bound by each of the following as my voluntary act and deed:

- A. Voluntary Participation.** I understand and confirm that my participation in this event/activity is voluntary.
- B. Identification of Risks.** Before, during, after, and traveling to and from this event/activity, I understand I might be exposed to COVID-19, which can cause severe respiratory distress, hospitalization, permanent disability, and death. Symptoms include, but are not limited to, fever, coughing, and shortness of breath. I understand my participation may involve risk of injury, loss, and death. I understand that this Waiver and Release of Liability and Assumption of Risk Acknowledgement (“Agreement”) is intended to address all of the risks of any kind associated with my participation in any respect, including, particularly, such risks created by actions, inactions, or negligence on the part of the school district or its employees, agents, volunteers, successors, or assigns.
- C. Health & Safety Precautions.** During this event/activity, I will abide by all rules and guidelines imposed by Indiana FFA, including but not limited to, temperature checks, face masks, mandatory seating arrangements, social distancing, and mandatory disinfecting or handwashing. I understand that refusal to abide by these rules may result in discipline, up to and including being sent home immediately at my cost and expulsion from Indiana FFA state level activities and recommendation for local removal. However, whether Indiana FFA imposes these measures or not has no bearing on my assumption of risk, waiver, or indemnification as described below.
- D. Assumption of Risk.** I knowingly and freely assume all risks, both known and unknown of this event/activity, even if arising from the negligence of Indiana FFA, as listed above, or from others, and assume full and absolute responsibility for my participation in the event/activity. I assume all costs associated with such risks, including, but not limited to, testing for COVID-19, quarantine, hospitalization, disability, and death.
- E. Release and Waiver.** I hereby release Indiana FFA and its board members, employees, agents, contractors, volunteers, successors and assigns (collectively, “Indiana FFA”) of and from any and all claims for injury, loss, damages, actions and causes of action, claims and demands whatsoever, whether known or unknown and whether or not founded in fact or in law, and of and from any and all manner of suits, liabilities, losses, covenants, controversies, agreements, promises, damages, judgments, claims and demands whatsoever in law or in equity including, but not limited to, those arising out of or in any way related to my participation in the event/activity, and all acts or omissions related thereto, whether or not caused in whole or part by the negligence or other misconduct of any of the Indiana FFA, from the beginning of the world to the end of the Term, as defined below, of this Agreement, which the undersigned has had or now has or which he/she or his/her heirs, administrators, successors and assigns hereafter can shall or may have or acquired.

The term of this Agreement shall be from July 31, 2020 to July 31, 2021.

Parent/Guardian w/ Legal Custody Printed Name FFA Member Printed Name

Parent/Guardian with Legal Custody Signature FFA Member Signature