## **COVID-19 Release Form**

Tennessee Career and Technical Student Organizations (CTSOs)

| STUDENT NAME: |  |  |  |  |
|---------------|--|--|--|--|
|               |  |  |  |  |
|               |  |  |  |  |
| SCHOOL NAME:  |  |  |  |  |
|               |  |  |  |  |

State Leadership and Career Development Conferences are being held in Chattanooga, TN pursuant to local government orders permitting such gatherings at this time. Tennessee CTSOs require all attendees and staff to comply with safety precautions specified in the federal, state, and local governments, as well as CDC guidelines.

## **HEALTH AND SAFETY EXPECTATIONS**

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 conference at their own expense. Completing registration and attending indicates your acknowledgment and acceptance of the following terms and conditions:

- I will not travel/attend if I knowingly have been exposed to anyone testing positive or presenting symptoms of COVID-19 (based on CDC Guidance).
- 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 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)
  - o 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 conference area and notify Tennessee CTSO's 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 conference, including adhering to CDC guidance and applicable

- state and local requirements related to the wearing of face masks and maintaining appropriate social distancing.
- While in attendance, I will make every effort to always maintain CDC-recommended hygiene procedures, including following the guidelines of frequent hand washing (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 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 illnesses and even death. Therefore, if you choose to participate in the in-person conference, 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 in-person conference, I hereby choose to accept the risk of contracting COVID-19 for myself, my peers, or my family.

## WAIVER OF LAWSUIT/LIABILITY

I hereby forever release and waive my right to bring suit against Tennessee CTSOs, the Tennessee Department of Education, 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 this conference. 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.

| Submitting registration and attending SCDC/SLC indicates your agreement to the above COVID-19 health |
|--|
| and safety expectations, assumption of risk, and waiver of lawsuit/liability.                        |
|  |
|  |
|  |

| Student Printed Name         | Student Signature         | Date |
|------------------------------|---------------------------|------|
|                              |                           |      |
| Parent/Guardian Printed Name | Parent/Guardian Signature | Date |