



COVID-19 Acknowledgement and Liability Waiver

All conference participants will be required to complete and turn in this fully signed form when arriving at any SkillsUSA Michigan conference.

SkillsUSA Michigan has implemented protective measures and protocols aimed at reducing the likelihood of spread of the novel coronavirus ("COVID-19") between participants and others attending its events. These measures and protocols are designed to be consistent with current guidance from the U.S. Centers for Disease Control and Prevention ("CDC"), as well as state and local authorities. However, SkillsUSA Michigan cannot guarantee that event participants will not be exposed to COVID-19 while participating in or attending its events.

By signing this agreement, I acknowledge the risk of COVID-19 transmission while participating in or attending SkillsUSA Michigan's events and further acknowledge that I am knowingly assuming that risk by voluntarily participating in or attending an event. I further agree to comply with all protective measures and protocols implemented by SkillsUSA Michigan, the event's host hotel, the event's suppliers, and partners, and/or established by the CDC and state or local authorities.

I specifically affirm and attest to the following, to the best of my knowledge:

- I am not presently experiencing any symptoms of COVID-19, including, but not limited to, a fever in excess of 100.4 degrees, cough, shortness of breath or difficulty breathing, sore throat, body aches or chills, or new loss of taste or smell.
- I have not been in close contact with someone with a suspected or confirmed case of COVID-19.
- I have not been diagnosed with COVID-19 and/or have been cleared as non-contagious by my medical provider or public health authorities, consistent with CDC guidance.
- If I (a) develop any symptom of COVID-19, (b) come in close contact with someone with a suspected or confirmed case of COVID-19, or (c) am diagnosed with COVID-19, I will not attend the event.
- I am following all guidance from the CDC and state and local authorities regarding COVID-19 and limiting exposure to the COVID-19 virus.

Accordingly, I voluntarily agree to assume all risks and accept sole responsibility for any COVID-19 infection that may result due to my participation in or attendance at the event. I hereby release, covenant not to sue, discharge, and hold harmless SkillsUSA Michigan, its employees, agents, and representatives, of and from any claims associated with, arising from, or related to COVID-19 infection, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of SkillsUSA Michigan, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation in or attendance at the event.

Delegate's Printed Name

Date

Delegate's Signature

Parent/Guardian's Signature *(required if under 18)*

Date

Principal's Signature

Date