

COVID-19 HEALTH & SAFETY WAIVER: 2021 Fall Leadership Camp

Tennessee FCCLA and HOSA: Future Health Professionals 2021 Fall Leadership Camp (FLC) is being offered in-person in Nashville, TN and the surrounding areas pursuant to local government orders permitting such gatherings at this time. FCCLA and HOSA: Future Health Professionals requires all attendees and staff to comply with safety precautions specified in the federal, state and local governments, as well as 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 2021 FLC at their own expense. Completing registration and attending indicates your acknowledgment and acceptance to 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 WLT 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 will immediately isolate myself and leave the 2021 FLC conference area and notify Tennessee FCCLA and HOSA: Future Health Professionals 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 FLC, including adhering to CDC-guidance and applicable state, local, and Camp Widgiwagan requirements related to the wearing of face masks and maintaining appropriate social distance.
- While in attendance at the 2021 FLC, I will make every effort to always maintain CDC-recommended hygiene procedures, 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 in-person 2021 FLC, 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 2021 FLC, I hereby choose to accept the risk of contracting COVID-19 for myself, peers, or my family.

WAIVER OF LAWSUIT/LIABILITY I hereby forever release and waive my right to bring suit against Tennessee FCCLA and HOSA: Future Health Professionals, 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 person 2021 FLC. 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 2021 FLC registration and attending the 2021 Tennessee FCCLA and HOSA-Future Health Professionals Fall Leadership Camp indicates your agreement to the above COVID-19 Health & Safety Expectations.

Student Printed Name: _____

Date: _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

School Name: _____

Date: _____

FCCLA _____

HOSA _____