

COVID-19 Acknowledgment for Participants in Meetings, Events, Programs, or other Functions at [name of unit] (excluding youth)

Taking steps to mitigate the spread of COVID-19 is a shared responsibility. To that end, and as a condition of my willing and voluntary participation in a meeting, event, program, or other function (“Event”) hosted by The Pennsylvania State University (“Penn State”):

1. I understand that the [Centers for Disease Control](#) (CDC), [Occupational Safety and Health Administration](#) (OSHA), the [Pennsylvania Department of Health](#), and [Penn State](#) have issued rules and precautions to mitigate the spread of COVID-19 and that it is my sole responsibility to follow these and other directives in order to protect myself and others. I acknowledge that failure to do so may result in my removal from the Event.

Key elements of this guidance include but are not limited to:

- (i) staying home when sick;
 - (ii) wearing a face mask;
 - (iii) avoiding close contact with other individuals (maintain social distancing of at least six feet, no handshaking, etc.);
 - (iv) washing hands often for at least 20 seconds with warm water and soap;
 - (v) avoiding touching the face and eyes with one’s hands;
 - (vi) avoiding sharing tools, phones, and other objects (items which must be shared are to be immediately cleaned after each use).
2. I will not participate in the Event if I am awaiting the results of a COVID-19 test or if, within the 14 days prior, I: (i) have been diagnosed with COVID-19; (ii) have experienced any symptom of illness which may be associated with COVID-19, including fever, cough, or shortness of breath; or, (iii) have been in close contact with anyone who has been diagnosed with COVID-19, is awaiting the results of a COVID-19 test, or has exhibited any symptom of illness which may be associated with COVID-19, including fever, cough, or shortness of breath.
 3. I acknowledge that these rules and precautions may or may not be effective in mitigating the spread of COVID-19 and assume any and all risk that I will be exposed to or infected by COVID-19 by participating in the Event and understand that such exposure or infection may result in personal injury, illness, severe complications, permanent disability, and/or death.

Program:

Signature:

Date:

Printed Name: