

SkillsUSA Texas Travel Release with COVID – 19 Waiver

Please read ALL information on this form. If you understand and agree to the conditions, please fill out the form below and sign. Please type or print clearly.

| | | |
|--|-----------|-----------------------------|
| Participant's Full Name, First Middle and Last | | |
| Participant's School Name and Address | | |
| Age | Birthdate | SkillsUSA Texas Advisor |
| Participant's Home Address, City, State and Zip Code | | |
| Student's Cell Phone Number | | Student's Home Phone Number |
| Parent's Name | | Parent's Cell Phone Number |

Covid-19 Safety Liability Waiver

While participating in events for SkillsUSA Texas, I agree to adhere to the most current Centers for Disease Control (CDC) guidelines in order to reduce the risks of exposure to COVID-19. Because COVID-19 is contagious and is spread mainly from person-to-person contact, SkillsUSA Texas has put in place preventative measures to reduce the spread of COVID-19. However, SkillsUSA Texas cannot guarantee that its participants, volunteers, partners or others will not become infected with COVID-19. While participating in events held by SkillsUSA Texas, coordinated through SkillsUSA Texas or arranged by myself for the benefit of SkillsUSA, I certify that:

- I willingly and voluntarily engage in this SkillsUSA Texas activity.
- I release all liability and claims against SkillsUSA Texas and its partners or vendors to the fullest extent permissible by law including to damages or losses caused by the negligence, fault or conduct of any party that might arise from my participation in any SkillsUSA activity or event.
- I will not attend the event if in the 14 days prior to the event I have I experienced any symptoms associated with Covid-19 including fever, illness, cough or shortness of breath.
- I will not travel in the 14 days prior to a SkillsUSA event, internationally or to a community in the U.S. that has experienced or is experiencing sustaining community spread of COVID-19.
- I have not knowingly been exposed to a confirmed or suspected case of COVID-19.
- I have not been diagnosed with COVID-19 by any state or local public health authorities or by my local health care provider.
- I agree to self-monitor and contact SkillsUSA Texas if I experience symptoms of COVID-19 within 14 days of participating in any SkillsUSA-related event.
- I understand that participation in any in-person SkillsUSA Texas -related activity could present a risk to myself that includes possible exposure to infectious diseases, including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness does exist

I have read and understand this entire agreement, including all of the COVID-19 provisions, and I do hereby agree to abide by this agreement in its entirety and completely release SkillsUSA Inc and SkillsUSA Texas Association, Secondary Division, Inc. from any liability.

Participant's Signature

Date

Parent Signature

Date

Temperature upon arrival: _____