**STAYING SAFE DURING THE COVID-19 PANDEMIC**

**PARTICIPANT ACKNOWLEGEMENT**

The Florida Electric Cooperatives Association (FECA) has implemented a number of strategies to help protect event participants and FECA staff from COVID-19 while attending the 2021 Human Resource/Finance & Accounting Conference being held in Clearwater Beach, Florida, September 29 – October 1, 2021, but we need your cooperation. The Centers for Disease Control (CDC) has stated that *“the more people an individual interacts with at a gathering and the longer that interaction lasts, the higher the potential risk of becoming infected with COVID-19 and COVID-19 spreading.”* **Let’s demonstrate the 7th Cooperative Principle of Concern for Community and all do our part!**

**WHAT FECA IS DOING AS THE HOST OF THIS EVENT:**

FECA, working with the Sandpearl Resort to follow local and state requirements and CDC recommended practices, is conducting this event with protocols aimed at limiting COVID-19 transmission risks, including:

* Room layouts modified to enable social distancing
* Modified food and beverage service
* Providing hand sanitizer and disposable masks
* Signs to provide reminders of social distancing and mask wearing
* Requirement for all attendees to perform a self-health check
* Designated FECA’s Alisia Hounshell, alisia@feca.com or 850-408-0863 (cell number) as your point of contact if you become sick at the event or have other COVID-19 related questions

For more information on Sandpearl Resort’s protocols, see:
<https://www.sandpearl.com/covid/>

**WHAT WE’RE ASKING YOU TO DO AS A PARTICIPANT:**

**Before you depart home:** If you have any underlying health conditions or other risk factors that raise your likelihood of contracting COVID-19, you may want to reconsider attending this or other events at this time. Please see the CDC web site for more information:<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

**Conduct a self-health check prior to and upon your arrival and each day of the event:**

(1) Do you have any of the following symptoms?

* Fever
* Cough
* Shortness of breath or difficulty breathing
* Chills
* Sore throat
* Headache
* Fatigue
* Muscle aches
* New loss of taste or smell
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea

(2) In the last 14 days, have you been in close contact with someone that has been diagnosed with COVID-19 when that person was contagious? (Close contact = within 6 feet for more than 10-15 minutes.)

If your answer to either of these questions is yes, then:

* Please do not attend the event or interact with other participants.
* Contact FECA’s Alisia Hounshell, alisia@feca.com or 850-408-0863 (cell number) if you have any questions.

**While at the event, you agree to:**

* Follow the Venue’s guidelines and protocols
* Observe all COVID-19 signs at the event
* Keep Your Distance
* Stay a minimum of 6 feet apart from other people
* No handshakes, hugs, fist-bumps or high fives
* Protect Yourself
* Wear your mask as required by Clearwater Beach, FL regulation
* Avoid touching your face
* Wash your hands or use hand sanitizer frequently
* Don’t share things with others (pens or pencils, phones, chargers, ear buds, etc.)
* Open doors w/ paper towels or tissue

Please notify FECA’s Alisia Hounshell, alisia@feca.com or 850-408-0863 (cell number) if you feel ill at the event or have any COVID-19 related questions.

While they may be inconvenient or even somewhat uncomfortable, these measures help to protect you and everyone around you, including other event participants, venue staff and other guests.

**Your acknowledgement: *\*You, as well as your guest(s), will be asked to sign this waiver in order to attend the FECA conference. You, and your guest(s) can sign and return this waiver to Alisia (******alisia@feca.com******) or sign this waiver upon check-in.***

**I understand that despite the measures being taken by FECA and the Venue, COVID-19 is highly contagious and there is an inherent risk that I may contract COVID-19 while participating in this event and I knowingly assume that risk. Further, I accept sole responsibility should I become infected with COVID-19 while attending this event.**

**In addition to all other rules of conduct and regulations that apply to my attendance and participation in this event, I agree to comply with all COVID-19 related procedures implemented by FECA or the Venue in order to protect as much as possible my health and safety and that of all the other event participants.**

*\*\*RETURN THIS PAGE ONLY\*\**

**STAYING SAFE DURING THE COVID-19 PANDEMIC**

**PARTICIPANT ACKNOWLEGEMENT & SIGNATURE**

While they may be inconvenient or even somewhat uncomfortable, these measures help to protect you and everyone around you, including other event participants, venue staff and other guests.

**Your acknowledgement: *\*You, as well as your guest(s), will be asked to sign this waiver in order to attend the FECA conference. You, and your guest(s) can sign and return this waiver to Alisia (******alisia@feca.com******) or sign this waiver upon check-in.***

**I understand that despite the measures being taken by FECA and the Venue, COVID-19 is highly contagious and there is an inherent risk that I may contract COVID-19 while participating in this event and I knowingly assume that risk. Further, I accept sole responsibility should I become infected with COVID-19 while attending this event.**

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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guest Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guest Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guest Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**