

SkillsUSA Massachusetts Group Acknowledgement Form

for the 2023 Fall State Leadership Conference (FLSC)



Chapter Advisor Name: _____

SkillsUSA Chapter Name: _____

ACKNOWLEDGEMENT OF FORMS POSSESSION AND PRESENCE OF PROPER SIGNATURES

As the Advisor and designated representative of my school's Chapter of SkillsUSA in Massachusetts, I hereby acknowledge, that I have collected from **every student and Advisor** from my Chapter attending the Fall State Leadership Conference (FLSC) a **signed original (with all appropriate signatures)** of the **SkillsUSA Conference Registration, Personal and Liability Release Form**.

WAIVER OF LAWSUIT/LIABILITY

With the **SkillsUSA Conference Registration, Personal and Liability Release Form** for each person from my Chapter in my possession, I understand that our Chapter's participants forever release and waive any right to bring suit against SkillsUSA Massachusetts and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with any injury, illness, exposure, infection, and/or spread of COVID-19 related to participation in-person at the FLSC.

I understand that this waiver means that every attendee gives up the right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, based upon claims of negligence. Submitting FLSC registration and attending the Fall State Leadership Conference indicates my Chapter's agreement to the below COVID-19 Health & Safety Expectations.

COVID-19 HEALTH & SAFETY WAIVER

The SkillsUSA Massachusetts Fall State Leadership Conference (FLSC) is being offered in-person in Marlborough Massachusetts, pursuant to local government orders permitting such gatherings at this time. SkillsUSA Massachusetts requires all attendees and staff to comply with safety precautions specified in the federal, state, and local governments for school-related activities, 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, including the **current masking policy, last updated on 8-15-2022** will be required to leave the conference at their own expense. Completing registration and attending indicates your Chapter's acknowledgment and acceptance to the following terms and conditions:

- No person from my Chapter will travel/attend if knowingly having been exposed to anyone testing positive or presenting symptoms of COVID-19 (based on CDC Guidance).
- No person from my Chapter will travel/attend if tested positive or presented any of the symptoms of COVID-19 listed below. Our Chapter acknowledges 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

- O Our Chapter expressly agrees to fully comply with appropriate COVID-19 health and safety measures and protocols set for attendance at the Fall State Leadership Conference, including adhering to CDC-guidance and applicable state and local requirements related to the policy on face masks and maintaining, when possible appropriate social distance.
- O While in attendance at the FLSC, 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

- O 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, Chapters and everyone from that Chapter who choose to participate in the in-person FLSC, may be exposing themselves to or increasing their risk of contracting or spreading COVID-19, despite our safety precautions. In exchange for being allowed to participate in the in-person FLSC, I acknowledge that each attendee hereby chooses to accept the risk of contracting COVID-19 for themselves, peers, or family.

NECESSARY MEDICAL INFORMATION

As the adult chaperon at this event, I have been provided all necessary medical information for participants from my Chapter so that I may act on my participants’ behalf in case of a medical emergency.

By signing below, I am acknowledging that I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by signing below, do hereby agree that I have collected from **every student and Advisor** of my Chapter attending the Fall State Leadership Conference (FLSC) a **signed original (with all appropriate signatures)** of the **SkillsUSA Conference Registration, Personal and Liability Release Form**. The presence of these signed forms indicates our Chapter’s willingness to abide by these statements in their entirety, accept the conditions of the agreements, and completely release SkillsUSA’s national and state associations.

Signed,

Chapter Advisor’s Name (printed) _____

Chapter Advisor’s Signature _____

Chapter Name _____

Date _____