

**Wisconsin Association of FFA  
COVID - 19 Participant Waiver**

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the state and federal government has set recommendations, guidelines, and some prohibitions which the Wisconsin Association of FFA adheres to. In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

- I am aware of the existence of the risk from my participation in the activity of the Wisconsin FFA that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.
- I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.
- I have not been, nor any member(s) of my household, diagnosed to be infected with COVID-19 virus within the last 30 days.
- If I test positive for COVID-19, am directly exposed to any who have tested positive for COVID - 19, or if I am identified by contact tracing which involves identifying people who have a positive COVID-19 test and people who they came in contact with (contacts) and working with them to interrupt disease spread, I will follow CDC and IDPH guidance for quarantine and isolation.

Following the pronouncements above I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during my participation. I will wear my mask during the event and have my temperature scanned prior to entering the event. I recognize that I may in any case be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me or my personal network of family/ and friends related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge and verify that I fully understand, agree to and accept all provisions and obligations set forth in this waiver. This waiver will remain effective until guidelines and mandates relevant to COVID-19 are lifted.

\_\_\_\_\_  
Conference Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Conference Participant Parent Signature

\_\_\_\_\_  
Date