**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; mindful of this responsibility and the obligations set forth below, I desire to participate in a meeting, event, program, or other function hosted by The Pennsylvania State University (“Penn State”) [name of unit] (“Event”). To that end, and as a condition of my participation in the Event:

1. I understand that the [Centers for Disease Control](https://www.cdc.gov/coronavirus/2019-nCoV/index.html) (CDC), [Occupational Safety and Health Administration](https://www.osha.gov/SLTC/covid-19/) (OSHA), the [Pennsylvania Department of Health](https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx), and [Penn State](https://virusinfo.psu.edu/) 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.

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

1. staying home when sick;
2. wearing a face mask;
3. avoiding close contact with other individuals (maintain social distancing of at least six feet, no handshaking, etc.);
4. washing hands often for at least 20 seconds with warm water and soap;
5. avoiding touching the face and eyes with one’s hands;
6. avoiding sharing tools, phones, and other objects (items which must be shared are to be immediately cleaned after each use).
7. I will not participate in the Event if, in the prior 14 days, I: (i) have experienced any symptom of illness which may be associated with COVID-19, including fever, cough, or shortness of breath; (ii) am awaiting the results of a COVID-19 test; (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; or (iv) have traveled to any of the states on the [Pennsylvania list for 14-day quarantine](https://nam01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.health.pa.gov%2Ftopics%2Fdisease%2Fcoronavirus%2FPages%2FTravelers.aspx&data=02%7C01%7Cczm5837%40psu.edu%7Cc6f93c6ada9a4a36d79e08d829047946%7C7cf48d453ddb4389a9c1c115526eb52e%7C0%7C0%7C637304446468266745&sdata=fd%2BAWXXs1FsRBXknL2YdVhSMm9OajVE8dQ5eJJO6GvA%3D&reserved=0).
8. 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.

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: Date: