

**EASTERN FLORIDA STATE COLLEGE**  
**COVID-19 PARTICIPATION AGREEMENT**  
**FOR IN-PERSON ACTIVITY**

Activity: \_\_\_\_\_ (“Activity”)

In consideration of Eastern Florida State College (“EFSC”) allowing the undersigned to participate in the in-person Activity described above, the undersigned hereby acknowledges and agrees that:

1. COVID-19 and its variants (including the Delta variant) can lead to severe illness and possibly death.
2. While EFSC has taken reasonable steps to minimize the risk of exposure to COVID-19 and its variants while participating in the Activity, there is always an inherent risk of exposure in any place where people are present.
3. I am under no obligation by EFSC to participate in the Activity and my participation is voluntary.
4. Despite the potential risks associated with participating in the Activity, I wish to participate, and freely accept and assume all risks and responsibility for all damages that may result from my participation.
5. I must always comply with all EFSC health and safety requirements relating to COVID-19 and its variants, to include maintaining social distancing (at least 6 feet) while participating in the Activity.<sup>1</sup>
6. Within the last fourteen (14) days, I have not:
  - a. Received a positive test for COVID-19 or any variant;
  - b. Experienced any symptoms<sup>2</sup> of COVID-19 or any variant; or
  - c. Had close contact<sup>3</sup> with anyone who has COVID-19 or any variant.
7. If at any time my representation in 6.a., 6.b., or 6.c. (above) becomes untrue, I will immediately notify the Activity supervisor and/or other EFSC official and follow their directives.
8. I understand that if I reasonably appear to be sick while participating in the Activity, I may be required to leave the Activity at the discretion of the Activity supervisor and/or other EFSC official.
9. (For students) I understand that my failure to comply with any EFSC health or safety requirement or directive relating to COVID-19 and variants may result in disciplinary action against me under the EFSC Student Code of Conduct, which may result in my suspension or expulsion from EFSC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Time: \_\_\_\_\_

B#: \_\_\_\_\_

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<sup>1</sup> FACIAL COVERINGS over the nose and mouth are recommended while indoors (especially if unvaccinated) and in some settings may be required depending on the Activity (e.g. clinical sites). In addition, to reduce the spread of COVID-19 and its variants, the CDC recommends vaccination along with frequent and proper hand hygiene and respiratory etiquette.

<sup>2</sup> SYMPTOMS OF COVID-19: Fever or Chills, Cough, Shortness of Breath/Difficulty Breathing, Fatigue, Muscle or Body Aches, Headache, Newly Loss of Taste or Smell, Sore Throat, Congestion or Runny Nose, Nausea or Vomiting, and/or Diarrhea.

<sup>3</sup> CLOSE CONTACT is currently defined by the CDC as someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes).