



# ATTENDANCE PERMISSION FORM

## ATTENDANCE

This is to certify that \_\_\_\_\_ has my permission to attend the above named DECA activity. I also do hereby on behalf of him/her absolve and release the school officials, the DECA chapter advisors and the assigned chartered association DECA staff from any claims for personal injuries or illness which might be sustained while he/she is en route to and from or during the DECA sponsored activity.

## EMERGENCY

Any medical exceptions to this code must be documented in the conference headquarters prior to the beginning of the conference. This is the responsibility of the local advisor.

I authorize the advisor to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs:

### WALK-IN CLINIC

#### CVS Pharmacy-Minute Clinic

865 North Highland Ave.  
Atlanta, GA 30306  
404-733-6089

### HOSPITALS

#### Crawford Long Hospital of

#### Emory University

550 Peachtree Street  
Atlanta, GA 30308  
404-686-4411

#### Grady Memorial Hospital

80 Jesse Hill Jr. Drive SE  
Atlanta, GA 30303  
404-616-1000

#### Piedmont Atlanta Hospital

1968 Peachtree Road NW  
Atlanta, GA 30309  
404-605-5000

### PHARMACIES

#### CVS Pharmacy

235 Peachtree Street NE  
Atlanta, GA 30303  
404-577-4054

#### Walgreens

Olympia Building  
25 Peachtree Street NE  
Atlanta, GA 30303  
404-260-1038

#### CVS Pharmacy

842 Peachtree Street NW  
Atlanta, GA 30308  
404-892-8468

#### CVS Pharmacy

3637 Peachtree Road NE  
Atlanta, GA 30319  
404-926-3541

We have read and agree to abide by the delegate conduct practices and procedures and dress code. We also agree that the school officials, the DECA chapter advisors, the chartered association DECA staff, or the Conference Conduct Committee members have the right to send the student home from the activity at our expense, provided that he/she has violated the delegate conduct practices and procedures and/or his/her conduct has become a detriment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Chapter Advisor Signature

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Policy Number



# COVID-19 ACKNOWLEDGEMENT AND LIABILITY WAIVER

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## **ADULT (18 YEARS OF AGE AND OLDER)**

DECA, Inc. has implemented protective measures and protocols aimed at reducing the likelihood of spread of the novel coronavirus ("COVID-19") between participants and others attending its events. These measures and protocols are designed to be consistent with current guidance from the U.S. Centers for Disease Control and Prevention ("CDC"), as well as state and local authorities. However, DECA, Inc. cannot guarantee that event participants will not be exposed to COVID-19 while participating in or attending its events.

By signing this agreement, I acknowledge the risk of COVID-19 transmission while participating in or attending DECA, Inc.'s events and further acknowledge that I am knowingly assuming that risk by voluntarily participating in or attending an event. I further agree to comply with all protective measures and protocols implemented by DECA, Inc., the event's host hotel, the event's suppliers and partners, and/or established by the CDC and state or local authorities.

I specifically affirm and attest to the following, to the best of my knowledge:

- I am not presently experiencing any symptoms of COVID-19, including, but not limited to, a fever in excess of 100.4 degrees, cough, shortness of breath or difficulty breathing, sore throat, body aches or chills, or new loss of taste or smell;
- I have not been in close contact with someone with a suspected or confirmed case of COVID-19;
- I have not been diagnosed with COVID-19 and not yet been cleared as non-contagious by my medical provider or public health authorities, consistent with CDC guidance;
- If I (i) develop any symptom of COVID-19, (ii) come in close contact with someone with a suspected or confirmed case of COVID-19, or (iii) am diagnosed with COVID-19, I will not attend the event;
- I am following all guidance from the CDC and state and local authorities regarding COVID-19 and limiting exposure to the COVID-19 virus.

Accordingly, I voluntarily agree to assume all risks and accept sole responsibility for any COVID-19 infection that may result due to my participation in or attendance at the event. I hereby release, covenant not to sue, discharge, and hold harmless DECA, Inc., its employees, agents, and representatives, of and from any claims associated with, arising from, or related to COVID-19 infection, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of DECA, Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation in or attendance at the event.

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Participant Signature

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Participant Printed Name

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Date



# COVID-19 ACKNOWLEDGEMENT AND LIABILITY WAIVER

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## MINOR (UNDER 18 YEARS OF AGE)

DECA, Inc. has implemented protective measures and protocols aimed at reducing the likelihood of spread of the novel coronavirus ("COVID-19") between participants and others attending its events. These measures and protocols are designed to be consistent with current guidance from the U.S. Centers for Disease Control and Prevention ("CDC"), as well as state and local authorities. However, DECA, Inc. cannot guarantee that event participants will not be exposed to COVID-19 while participating in or attending its events.

By signing this agreement, I acknowledge, on behalf of myself and my minor child(ren) named below, the risk of COVID-19 transmission while participating in or attending DECA, Inc.'s events and further acknowledge that we are knowingly assuming that risk by voluntarily participating in or attending an event. We further agree to comply with all protective measures and protocols implemented by DECA, Inc., the event's host hotel, the event's suppliers and partners, and/or established by the CDC and state or local authorities.

We specifically affirm and attest to the following, to the best of our knowledge:

- We are not presently experiencing any symptom of COVID-19, including, but not limited to, a fever in excess of 100.4 degrees, cough, shortness of breath or difficulty breathing, sore throat, body aches or chills, or new loss of taste or smell;
- We have not been in close contact with someone with a suspected or confirmed case of COVID-19;
- We have not been diagnosed with COVID-19 and not yet been cleared as non-contagious by our medical provider or public health authorities, consistent with CDC guidance;
- If any of us (i) develops any symptom of COVID-19, (ii) comes in close contact with someone with a suspected or confirmed case of COVID-19, or (iii) is diagnosed with COVID-19, we will not attend the event;
- We are following all guidance from the CDC and state and local authorities regarding COVID-19 and limiting exposure to the COVID-19 virus

Accordingly, I (individually and on behalf of my minor child(ren) listed below) voluntarily agree to assume all risks and accept sole responsibility for any COVID-19 infection that may result due to our participation in or attendance at the event. On my behalf, and on behalf of my minor child(ren) listed below, I hereby release, covenant not to sue, discharge, and hold harmless DECA, Inc., its employees, agents, and representatives, of and from any claims associated with, arising from, or related to COVID-19 infection, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of DECA, Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after our participation in or attendance at the event.

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Parent/Guardian Signature

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Parent/Guardian Printed Name

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Date

Names of minor family members participating in or attending the event:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_