



## CAREER DEVELOPMENT CONFERENCE

### COVID-19 Acknowledgement and Personal Responsibility Policy

There is no higher priority of Alabama DECA than the health, safety, and well-being of our members, staff, volunteers, and community partners. As we closely monitor the COVID-19 pandemic, we continue to make decisions with this in mind. As part of the Alabama CTSO community, we all have a responsibility to help protect each other.

According to the CDC, COVID-19 is primarily spread from person to person through respiratory droplets produced when coughing, sneezing or heavy breathing. Transmission is slowed by wearing a face covering and maintaining a distance of at least 6 feet between people. In compliance with current CDC recommendations, local mandates and/or statewide protocol, all attendees of in person activities, meetings, conferences, gatherings, and competitions sponsored by Alabama DECA or when representing Alabama DECA at public or school-based activities are asked to adhere to the following recommended guidelines:

- Seek medical attention, self-isolate and do not attend events if you are experiencing any of the following COVID-19 symptoms:
  - Fever
  - Shortness of breath
  - New loss of taste or smell
  - Chills, muscle pain or sore throat
  - New or worsened cough
  - Nausea, vomiting, diarrhea
  - Runny nose or congestion
- Recommended to wear a face covering at your discretion or if you are not vaccinated or a high-risk individual.
- Be mindful of social distancing. Maintain a space of 6 feet between yourself and others if able.
- Wash your hands with soap regularly and frequently. If soap and water is not accessible, use hand sanitizer.
- Practice proper cough and sneeze etiquette.
- If you have been in close contact with someone known to have COVID-19, self-isolate for 10 - 14 days depending on your symptoms.
- Disinfect surfaces throughout the day that are touched regularly.

Alabama DECA has implemented extensive preventative measures to help reduce the spread of COVID-19. However, Alabama DECA does not guarantee that members and attendees will not be exposed or infected. Participants acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk and responsibility for exposure and/or infection and any result thereof.

I have read and understood Alabama DECA Acknowledgement and Personal Responsibility Policy and agree to adhere to the guidelines set forth. I understand that this Policy may be updated in accordance with changing CDC and local guidelines and will be updated accordingly. I agree to join Alabama DECA in cooperating with health officials, governing public agencies, and facility health and safety measures.

---

DECA Chapter

---

Date

---

DECA Advisor

---

DECA Advisor

---

DECA Advisor

---

DECA Advisor

*\*All attendees, including chaperones and guests, must sign in order to attend CDC. Any student who doesn't sign will not be allowed to attend and participate.*



### CAREER DEVELOPMENT CONFERENCE

**DOCUMENT MUST BE SIGNED BY EVERY PARTICIPANT ATTENDING THE ALABAMA DECA CAREER DEVELOPMENT CONFERENCE AND UPLOADED IN ORDER TO COMPLETE THE REGISTRATION PROCESS.**

By signing below, I have read and understood Alabama DECA Acknowledgement and Personal Responsibility Policy and agree to adhere to the guidelines set forth. I understand that this Policy may be updated in accordance with changing CDC and local guidelines and will be updated accordingly. I agree to join Alabama DECA in cooperating with health officials, governing public agencies, and facility health and safety measures.

\_\_\_\_\_   
 DECA Chapter

\_\_\_\_\_   
 Date

PRINT STUDENT NAME – EVENT OR POSITION

STUDENT SIGNATURE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CAREER DEVELOPMENT CONFERENCE

By signing below, I have read and understood Alabama DECA Acknowledgement and Personal Responsibility Policy and agree to adhere to the guidelines set forth. I understand that this Policy may be updated in accordance with changing CDC and local guidelines and will be updated accordingly. I agree to join Alabama DECA in cooperating with health officials, governing public agencies, and facility health and safety measures.

---

DECA Chapter

---

Date

PRINT STUDENT NAME – EVENT OR POSITION

STUDENT SIGNATURE

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---