2021

COVID- 19 IN-PERSON PROGRAMMING GUIDE

Larimer County 4-H

LARIMER COUNTY
COLORADO STATE UNIVERSITY EXTENSION

Updated March 11, 2021

5 STEPS FOR COVID-19 IN-PERSON PROGRAMMING

PREP LOCATION

FIND HELPERS

GATHER SUPPLIES

SHARE NEWS

STAY VIGILANT

PREP LOCATION

TO HAVE A SAFE IN-PERSON MEETING, CLUB LEADERS MUST OPTIMIZE THEIR SPACE TO FIT SOCIAL DISTANCING AND SAFETY NEEDS. BELOW IS A LIST OF GUIDELINES THAT YOUR CLUB WILL NEED TO WORK THROUGH BEFORE YOU CAN HOLD IN-PERSON MEETINGS.

- IF YOUR EVENT IS AT **THE RANCH**:
  - REQUEST TO RESERVE THE SPACE AT THE RANCH:
    - ALL ***ANIMAL REQUESTS*** THROUGH ***DIANE KERN***, ***ALL OTHERS*** THROUGH ***PAM HEENEY***.
  - ***THE EXTENSION OFFICE WILL SUBMIT A WAIVER REQUESTS*** TO CSU & THE COUNTY FOR THESE EVENTS.
    - WE WILL COMMUNICATE WITH THE LEADER LISTED AS THE EVENT CONTACT FOR THE RANCH RESERVATION WHEN WE HAVE THESE APPROVALS SECURED.
  - ALL ATTENDEES MUST PRE-REGISTER.
    - CONSIDER USING AN ONLINE PLATFORM LIKE SIGN-UP GENIUS.
  - ACTUAL ATTENDANCE MUST BE RECORDED AT THE EVENT, INCLUDING ALL WHO PHYSICALLY ATTEND (NOT JUST MEMBERS), WITH FULL NAMES & CONTACT INFORMATION (PHONE AND/OR EMAIL).
  - ATTENDANCE RECORD MUST BE SENT TO DIANE KERN WITHIN 2 DAYS OF YOUR EVENT.

PREP LOCATION

TO HAVE A SAFE IN-PERSON MEETING, CLUB LEADERS MUST OPTIMIZE THEIR SPACE TO FIT SOCIAL DISTANCING AND SAFETY NEEDS. BELOW IS A LIST OF GUIDELINES THAT YOUR CLUB WILL NEED TO WORK THROUGH BEFORE YOU CAN HAVE IN-PERSON MEETINGS.

- IF YOUR EVENT IS ***NOT*** AT ***THE RANCH:***
  - ***THE EVENT ORGANIZER WILL BE RESPONSIBLE FOR SUBMITTING A CSU AND COUNTY WAIVER.***
    - SUBMIT THE IN-PERSON PROGRAMMING APPLICATION FORM TO THE EXTENSION OFFICE (***GOOGLE FORM***).
      - DIANE KERN WILL FOLLOW-UP WITH YOU IF MORE INFORMATION OR CLARIFICATION IS NEEDED.
      - THE EXTENSION OFFICE WILL SUBMIT YOUR REQUEST TO CSU & NOTIFY YOU WHEN WE HAVE THIS APPROVAL.
    - SUBMIT THE IN-PERSON VARIANCE REQUEST TO LARIMER COUNTY (***CLICK HERE TO ACCESS FORM***).
      - WE SUGGEST SUBMITTING BOTH REQUESTS CONCURRENTLY, AS THE COUNTY ONE IS TAKING LONGER TO GET BACK.
      - SAVE AN ELECTRONIC RECORD OF THE INFORMATION YOU SUBMIT TO THE COUNTY.
  - WHEN YOU RECEIVE APPROVAL FROM THE COUNTY, SUBMIT TO DIANE KERN.
    - THIS MUST BE SUBMITTED PRIOR TO YOUR EVENT.
    - IF YOU DO NOT RECEIVE APPROVAL FROM THE COUNTY WITHIN 5 DAYS, NOTIFY DIANE KERN AND SEND YOUR ELECTRONIC RECORD OF THE INFORMATION YOU SUBMITTED TO THE COUNTY & THE DATE YOU SUBMITTED IT.
      - WE WILL FOLLOW-UP WITH THE COUNTY FOR APPROVAL OR FEEDBACK.
  - ONCE YOU HAVE CONFIRMED BOTH CSU & COUNTY APPROVAL, YOU MAY HOLD YOUR EVENT ON THE SPECIFIED DATE AND TIME REQUESTED.
    - IF YOU NEED TO CHANGE THE DATE OR TIME, YOU MUST NOTIFY THE EXTENSION OFFICE IN ADVANCE.
    - RECORD ACTUAL ATTENDANCE AT THE EVENT, INCLUDING ALL WHO PHYSICALLY ATTEND (NOT JUST MEMBERS), WITH FULL NAMES & CONTACT INFORMATION (PHONE AND/OR EMAIL).
    - SUBMIT YOUR ATTENDANCE RECORD TO ***DIANE KERN*** WITHIN 2 DAYS OF YOUR EVENT.

FIND HELPERS

WHEN PLANNING IN-PERSON EVENTS IT IS IMPORTANT FOR EVERYONE TO CLEARLY UNDERSTAND THEIR ROLE. IN ORDER TO KEEP ALL 4-H PARTICIPANTS SAFE, IDENTIFY WHO WILL PERFORM THE FOLLOWING TWO ROLES AT YOUR IN-PERSON EVENT:

- **SIGN-IN FACILITATOR:**
  This person will be ***stationed at the sign-in table*** at least 15 minutes before, and at the beginning of, your meeting. They will be responsible for collecting and maintaining sign in sheets with attendees' name & contact information. Only the Sign-In Facilitator should fill out the sign-in sheet. You can make this job easier by collecting names and contact information for all attendees during pre-registration; then the Sign-In Facilitator just needs to check off names as guests arrive.

- **MEETING MONITOR:**
  This person will be responsible for monitoring club meetings to ensure that all attendees (members, parents, and volunteers) are ***maintaining a 6-foot distance***. The Meeting Monitor will also ***disinfect common areas*** and touched services before and after meetings. They are also responsible for ensuring all participants are properly ***wearing masks***. This is an important role as ensuring we are following County Health Guidelines helps to ensure that Larimer County 4-H can continue to hold in-person programming.

GATHER SUPPLIES

BELOW IS A LIST OF REQUIRED SUPPLIES TO MANAGE A SAFE AND SUCCESSFUL IN-PERSON EVENT. THE LARIMER COUNTY EXTENSION OFFICE CAN PROVIDE SUPPLIES FOR ALL COUNTY-WIDE EVENTS. CLUBS ARE RESPONSIBLE FOR PROVIDING SUPPLIES FOR CLUB EVENTS.

- **SIGN-IN SHEETS.** BE SURE THAT YOUR CLUB HAS A SIGN-IN SHEET AND KNOWS WHO IS IN ATTENDANCE. IN THE EVENT OF AN OUTBREAK, THESE WILL BE IMPORTANT FOR CONTACT TRACING.

- **COLORADO 4-H COVID-19 INFORMED CONSENT FORM.** ANYONE ENROLLED IN 4-H ONLINE FOR THE CURRENT YEAR HAS ALREADY GIVEN THIS CONSENT WHEN ENROLLING. ANYONE WHO IS NOT ENROLLED SHOULD SIGN THE APPROPRIATE FORM AND THESE SIGNED FORMS SHOULD BE SENT TO THE EXTENSION OFFICE FOLLOWING THE EVENT.

- **WRITING UTENSILS.** BRING PLENTIFUL WRITING UTENSILS IF NEEDED. IDEALLY, YOU WILL PROVIDE ONE WRITING UTENSIL FOR EACH ATTENDEE TO AVOID SHARING. IN THE CASE THAT WRITING UTENSILS NEED TO BE SHARED, THEY MUST BE SANITIZED BETWEEN EACH USE.

- **EXTRA FACE MASKS.** IN YOUR INITIAL COMMUNICATION, PLEASE ASK ALL ATTENDEES TO BRING AND WEAR THEIR FACE COVERING. ALL ATTENDEES MUST CORRECTLY WEAR A FACE COVERING AT ALL TIMES UNLESS PERMITTED OTHERWISE.

- **DISINFECTANT.** A DISINFECTANT SPRAY OR DISINFECTING WIPES WILL BE NEEDED TO SANITIZE ALL COMMON SURFACES.

- **HAND SANITIZER.** IT IS RECOMMENDED THAT PARTICIPANTS USE HAND SANITIZER WHEN ENTERING AND LEAVING AN EVENT, AND ANY TIME A COMMON SURFACE IS TOUCHED.

- **SIGNAGE.** COVID-19 APPROVED SIGNAGE MUST BE POSTED AT ALL LARIMER COUNTY 4-H IN PERSON EVENTS

SHARE NEWS

IT WILL BE CRUCIAL FOR EACH CLUB TO COMMUNICATE EFFECTIVELY AND CONSISTENTLY WITH FAMILIES, 4-H MEMBERS, AND THE EXTENSION OFFICE AS THEY BEGIN MEETING IN-PERSON. BELOW ARE RECOMMENDATIONS WHEN YOU BEGIN TO COMMUNICATE WITH FAMILIES.

- THOSE EXPERIENCING **COVID-19 SYMPTOMS** SHOULD **STAY HOME** AND NOT ATTEND THE EVENT.
- THOSE IN A **HIGH-RISK** GROUP **SHOULD NOT ATTEND** MEETINGS, AND CLUB LEADERS WILL OFFER A VIRTUAL OR ALTERNATIVE PROGRAMMING OPTION.
- **FACE COVERINGS** ARE **REQUIRED.**
- ALL PARTICIPANTS SHOULD MAINTAIN A **6-FOOT DISTANCE**.
- FOOD AND BEVERAGES MUST NOT BE PROVIDED. ATTENDEES MAY BRING THEIR OWN FOOD AND BEVERAGES IF THEY FOLLOW THESE GUIDELINES:
  - MAINTAIN A MINIMUM OF 6 FEET DISTANCE FROM OTHERS NOT IN THEIR FAMILY WHILE REMOVING THEIR MASK.
  - RESUME WEARING THEIR MASK CORRECTLY & WASH HANDS (IDEALLY) OR USE HAND SANITIZER IMMEDIATELY UPON FINISHING EATING OR DRINKING.
  - PLEASE PLAN ACCORDINGLY.
- EACH 4-H CLUB IN LARIMER COUNTY WILL BE FOLLOWING **LARIMER COUNTY & CSU GUIDELINES FOR IN-PERSON PROGRAMMING.**
- **SEND OUT A SIGN-UP.**

STAY VIGILANT

ALTHOUGH CLUBS ARE ABLE TO MEET IN-PERSON CURRENTLY, OUR ACTIONS AND THE ENVIRONMENT WE CREATE AT CLUB MEETINGS WILL DETERMINE WHETHER WE CAN CONTINUE TO MEET IN-PERSON. WE HAVE INCLUDED RESOURCES FOR YOU AND YOUR CLUB MEMBERS TO CREATE A HEALTHY CULTURE AND ENVIRONMENT. ADDITIONALLY, WE RECOGNIZE THAT THE GUIDELINES WE ARE OPERATING UNDER ARE CONSTANTLY EVOLVING, MAKING GOOD COMMUNICATION PARAMOUNT.

- **KEEP RECORDS.** ALL SIGN-IN SHEETS MUST BE KEPT IN THE CLUB RECORDS FOR CONTACT TRACING AND SENT TO DIANE KERN WITHIN 2 DAYS OF THE EVENT.
- **WEAR FACE COVERINGS.** EXTENSION REQUIRES THE USE OF FACE COVERINGS DURING IN-PERSON GATHERINGS, PARTICULARLY INDOORS. WEARING FACE COVERINGS HELPS TO KEEP OUR CLUB, COMMUNITY, COUNTRY, AND WORLD SAFE AND HEALTHY. VOLUNTEERS AND LEADERS SHOULD STRIVE TO SET A POSITIVE EXAMPLE FOR YOUNG PEOPLE BY ENCOURAGING AND MODELING APPROPRIATE FACE COVERING.
- **USE SIGNAGE.** CSU APPROVED SIGNAGE MUST BE POSTED AT ALL IN-PERSON EVENTS.
- **CONSULT EXTENSION AGENTS.** IF YOU HAVE ANY GENERAL QUESTIONS ABOUT COVID-19 AND 4-H IN-PERSON PROGRAMMING COMMUNICATE WITH YOUR EXTENSION AGENTS AND 4-H SUPPORT STAFF.

THANK YOU FOR YOUR LEADERSHIP & COOPERATION IN ENSURING WE KEEP OUR COMMUNITY SAFE AND CAN CONTINUE TO HOLD IN-PERSON 4-H PROGRAMMING!

LARIMER COUNTY
COLORADO STATE UNIVERSITY EXTENSION

PRINTABLE RESOURCES

LARIMER COUNTY COVID-19 RESOURCES

DO NOT ENTER

If You Have Been Experiencing COVID-19 Symptoms including:

- Headache
- Sore Throat
- Fever
- Dry Cough
- Shortness of Breath
- Body Aches
- Ear Aches
- Diarrhea
- Fatigue
- Vomiting
- Abdominal Pain
- Recent Inability to Taste and Smell

COLORADO STATE UNIVERSITY

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE _____ COUNTY, COLORADO 4-H FOUNDATION, COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

Permission for Youth to participate in 4-H In-person Programming

I understand that my child, _____, will be participating in the _____ Activities that may include (contests, workshops, banquets, dances and optional activities may include numerous inherent risks. I am aware and have discussed the following inherent risks with my child:

The specific risks vary from one activity to another, but the risks range from:

- *Minor injuries such as scratches, bruises, and sprains;*
- *Major injuries such as eye injury or concussions*
- *Exposure to COVID-19.*

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S FULL NAME: _____**Date of Birth**_____
Address: _____**City** _____**State**_____**ZIP**_____

I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against _____ County, Colorado 4-H Foundation, State of Colorado, The Board of Governors of the Colorado State University System, Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, Colorado 4-H Foundation, and their members, officers, agents, employees, and any other persons, or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my negligent acts or omissions arising out of my participation in and/or presence at the above listed activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

If participant is under the age of 18, his or her parent or legal guardian must sign:

I, (printed name) _____, am the parent or legal guardian of the _____ participant who has signed above. I have read and I understand the provisions of this document, and acting on behalf of the participant, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver as authorized pursuant to C.R.S. section 13-22-107.

_____ _____
Signature of Parent or Legal Guardian (date)

Read this document completely before signing. Its effect is to release Colorado State University, its governing board, and the state of Colorado from any liability resulting from your participation in the activities described below, and to waive all claims for damages or losses against the university which may arise from such activities even if they result from negligence.

Note: This document does not cancel or negatively impact liability protection for volunteers. Our CSU Extension volunteers are protected from claims of liability as long they are functioning within the scope of their responsibilities as an authorized volunteer. The document also does not negatively affect any supplemental health or accident insurance that may be given to volunteers through their county program policy. This form is simply to acknowledge that there is risk related to your own participation in this/these events.

COLORADO STATE UNIVERSITY
EXTENSION

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S FULL NAME:_____DATE OF BIRTH (MO/DAY/YR):_____

ADDRESS: _____

LOCATION OF ACTIVITY(IES): _____

DATE(S) OF ACTIVITY(IES): START DATE:_____END DATE: _____

DESCRIPTION OF ACTIVITIES: *The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises, and sprains; to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, exposure to COVID-19, concussions; and catastrophic injuries including paralysis and death. Additionally, there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from Extension activities that cannot be specifically listed.*

I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and, along with my successors, estate, and assigns, forever waive all claims against the State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University, its employees, agents, volunteers, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my negligent acts or omissions arising out of my participation in and/or presence at the above listed activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release from R e s p o n s i b i l i t y , Assumption of Risk, and Waiver.

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS THIS DAY OF_____2020.

_____

Signature of Participant whose printed name appears above

SIGN-IN SHEET

LOCATION:

DATE:

NAME:	EMAIL:	PHONE #:

ENTRY

EXIT

SIGN-IN HERE