



Safety and
Health
Council
of North Carolina

SAFETY AND HEALTH COUNCIL OF NORTH CAROLINA
Oath of Personal Responsibility

I, _____, am aware of the potential spread of COVID-19 that could result in severe illness and potential death. I understand that the Safety and Health Council of North Carolina has established strict safety and health protocols for the protection of staff, instructors, and class attendees from COVID-19. As a class attendee, I understand these protocols include, but are not limited to:

- Wearing a mask covering my nose and mouth at all times while indoor in SHCNC classrooms, hallways, and restrooms. SHCNC does not provide masks.
- Traffic flow within the premises is intended to be one-directional; there is one entrance and one exit.
- I am expected to practice personal infection control by frequent handwashing with soap and water for at least 20 seconds and/or the use of hand sanitizer regularly.
- I will adhere to SHCNC's policy requiring the maintenance of a six-foot perimeter distance between people at all times.
- Bathroom occupancy is limited to two people at a time. Attendees will be asked to manage their distance entering and exiting the bathrooms and inside the bathrooms.

I attest that I have read, understand, and agree to these protocols and that any violation will result in my dismissal from the class. Furthermore, non-conformance results in the forfeiture of my class fee.

Signed,

_____ Date _____

Driver's License Number: _____