

Kilgore College
COVID-19 Event/Facility Request Addendum

Event Name: _____ Event Date: _____

Requestor's Name: _____

Event Capacity: _____ Event Location: _____

Please note: Kilgore College reserves the right to adjust room/space/area capacities in order to protect the health and safety of our employees, students, and/or visitors.

FACE COVERINGS:

initials I acknowledge and will ensure that ALL participants (employees, students, and visitors) will wear face coverings/masks during this activity. Any exceptions are listed below:

Exceptions: _____

SOCIAL DISTANCING:

initials I acknowledge and will ensure that ALL participants (employees, students, and visitors) will practice social distancing of at least 6' during this activity. Any exceptions are listed below:

Exceptions: _____

HEALTH – HYGIENE:

initials I acknowledge and will ensure that ALL participants are provided the Kilgore College self-monitoring/health screening information and that hand sanitizer will be available on-site.

Please describe any health screening measures that will be conducted on-site, if any: _____

Please use the following space to outline the health and safety protocols to be used with your event. Address all aspects of the event from check-in to conclusion.

REVIEWED AND APPROVED BY:

Appropriate Vice President

Date

Director of Public Safety and Risk Management

Date