

# PLEASE READ BEFORE ENTERING

All patrons are required to abide by Covid-19 mandates including properly wearing your face coverings when not actively eating or drinking and social distancing at least 6 feet from others outside of their party.

Noncompliance will result in the continued spread of the virus throughout our community.





## **Event Review Form**

**Plans must be submitted at least 10 days in advance of the event.**

**This plan must be posted at all entrances.**

The Floyd County Health Department may review and approve/deny event plans or request additional information or plan adjustments.

**DISCLAIMER:** Due to the unknown and uncertain nature of the COVID-19 virus (the “virus”), the Floyd County Health Department (“FCHD”) disclaims any responsibility or liability for transmission of the virus at any event (the “events”) approved by FCHD. Event Organizer accepts full responsibility for following the terms of the specific plan submitted (the “plan”). Event Organizer agrees to indemnify and hold FCHD, Floyd County and their respective officers, employees and agents harmless from and against any liability, claim, damages or lawsuit for the virus or other illness or any incidents arising out of or related to the events in the plan and/or the Event Organizer’s failure to comply with the plan.

Where is the event taking place?

- City
- County

*\*\*Events held within the city limits may be subject to additional requirements*

## Primary Contact Information for Event

---

Name

Phone

Email

*All communication including status of event approval will be made through this email address*

## Event Information

---

Event Planner/Organizer

- Event Planner/Organizer is the same as Primary Contact

Event Planner/Organizer

Event Planner/Organizer Phone

Event Planner/Organizer Email

Is this a single day event?

- Yes
- No

*If this is a multiple day event please list ALL dates and times*

Event Date

Event Time: Start  Event Time: End

Notes

Event Location:

- Indoor
- Outdoor
- Other

*Select all that apply*

Event Type required

- Wedding
- Funeral
- Graduation
- Ceremony
- Family Reunion
- Party
- Benefit or Fundraiser
- Fair, Festival, Carnival, Parade
- Community Event
- Community Holiday Celebration
- Convention
- Sporting Competition
- Concert/Performance/Entertainment Event
- Other

Event Name

Event advertising/messaging: *Please indicate how the event is being advertised and the message being shared. Identify if this is an event being posted on social media, within the community, or if it is an invite only event.*

Is there a flyer/invitation for the event?

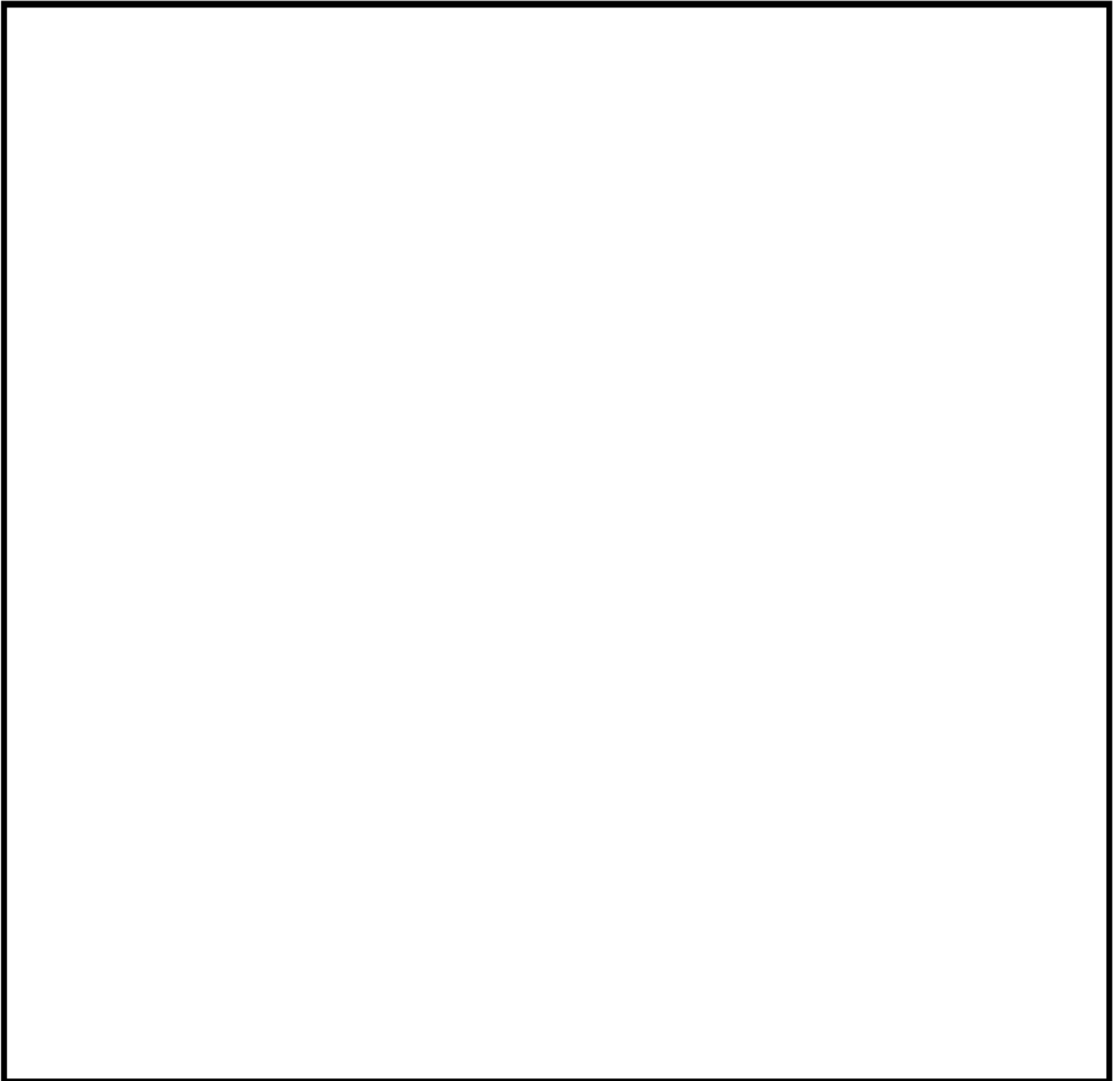
- Yes
- No

Will there be entertainment at the event?

- Yes
- No

*i.e. live band, DJ, performers, etc.*

Please provide a seating chart for the planned event if applicable

A large, empty rectangular box with a black border, intended for the user to provide a seating chart for the event if applicable.

## Venue Information

---

Venue Name

Venue Address

Venue Square Footage/Acreage

Venue Capacity Limit

Venue Contact Person

Venue Contact Phone Number

Venue Contact Email

## Guest Information

Number of guests expected/invited

*If multiple days, put highest expected attendance on a single day*

Guest screening and attendance requirements:

*i.e. guests required to wear mask, temperature taken before entering, social distancing, staying home if sick, symptomatic, or part of a vulnerable population, etc.*

## Staff/Volunteer Information

*People responsible to ensure compliance at the event*

Number of Staff/Volunteers

*Identify the number of event staff, volunteers or family members who will be available and sufficient to monitor and ensure compliance with the approved plan and other Executive Order directives*

Staff/Volunteer Responsibilities

--

Staff/Volunteer Screening Measures

--

*Identify measures that will be taken to appropriately screen staff/volunteers for COVID-19 symptoms*

## Contract Tracing Protocols

*In the event there is a positive COVID-19 case in attendance at this event, we are asking that someone be responsible for contacting all individuals who were in attendance at your event to inform them of their possible exposure. Please provide information on who will be responsible for contacting event attendees and how they will contact them.*

Primary Individual Responsible for Contact Tracing (First and Last Name)

Phone Number

Email

Please provide information on how you will contact event attendees.

## Mitigation Plan

Do you have a Social Distancing Measures document you would like to submit as part of the review process?

- Yes
- No

Do you have a Mask Requirements document you would like to submit as part of the review process?

- Yes
- No

Do you have an Increased Sanitation Plan document you would like to submit as part of the review process?

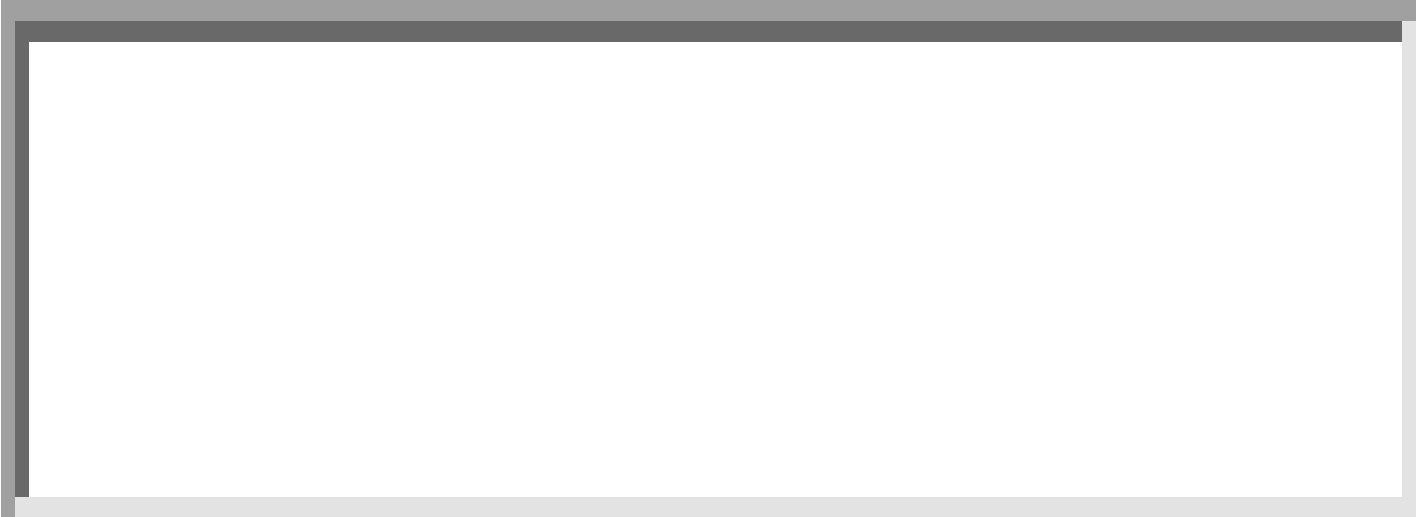
- Yes
- No



Do you have a Food/Refreshment Plans document you would like to submit as part of the review process?

- Yes
- No

Compliance to Mitigation Measures



*Please detail how you plan to implement the above plans including compliance measures.*

Please provide any additional information you would like us to consider:

