2021 Winter Face to Face Research Participation

I have received, read and understand the COVID19 safety protocols related to my participation in face to face winter research. I will comply with all safety protocols and direction provided by faculty and staff leads.

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| **Name** | **Signature** | **Date** |
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I have provided guidance in the appropriate COVID19 safety protocols related to the participation in face to face winter research for the participants listed.

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit form by email to elowham@calpoly.edu.