

ADAMS COUNTY HEALTH DEPARTMENT  
313 W. JEFFERSON ST. - SUITE 314  
DECATUR, INDIANA 46733-1660

## PLANS FOR GATHERINGS AND EVENTS WITH MORE THAN 250 ATTENDEES

Pursuant to the State of Indiana “Back on Track” program, all gatherings of more than 250 attendees must present a plan to the local health department for approval. The plan must include at a minimum the following:

1. NAME OF YOUR ORGANIZATION: \_\_\_\_\_ (HEREINAFTER: “ORGANIZATION”)
2. ADDRESS OF ORGANIZATION: \_\_\_\_\_
3. CONTACT PERSON(S) AND TITLE(S): \_\_\_\_\_
4. CONTACT PHONE NUMBER(S): \_\_\_\_\_
5. LOCATION (ADDRESS) OF GATHERING: \_\_\_\_\_
6. PURPOSE OF GATHERING: \_\_\_\_\_
7. WHAT IS THE SIZE AND DESCRIPTION OF THE VENUE WHERE THE GATHERING WILL BE HELD:  
\_\_\_\_\_  
\_\_\_\_\_
8. WILL THE GATHERING BE INDOORS, OUTDOORS OR BOTH: \_\_\_\_\_
9. WHAT IS THE SEATING CAPACITY LIMIT FOR YOUR GATHERING: \_\_\_\_\_  
\_\_\_\_\_
10. HOW MANY INDIVIUALS WILL BE ATTENDING THE GATHERING: \_\_\_\_\_
11. WILL FOOD AND/OR DRINKS BE AVAILABLE: \_\_\_\_\_
12. IF FOOD OR DRINKS ARE AVAILABLE, HOW WILL THEY IT BE SERVED (THERE CAN BE NO SELF-SERVICE): \_\_\_\_\_
13. WHO WILL ATTEND THE GATHERING (IE. INVITED GUESTS, PAID ATTENDEES, GENERAL PUBLIC):  
\_\_\_\_\_
14. HOW WILL STAFF AND VOLUNTEERS BE SCREENED FOR SIGNS OF POTENTIAL COVID-19:  
\_\_\_\_\_  
\_\_\_\_\_
15. WILL ACCESS BE DENIED TO STAFF AND VOLUNTEERS WHO SHOW ANY SIGNS OF COVID-19:  
\_\_\_\_\_

16. IDENTIFY THE LOCATIONS AT THE GATHERING WHERE YOU WILL PLACE SIGNAGE THAT WILL PROVIDE THE APPROPRIATE INFORMATION TO GUESTS TO STAY HOME IF SICK OR PART OF A VULNERABLE POPULATION, INCLUDING ENGAGING IN SOCIAL DISTANCING, INCREASED HANDWASHING, AND WEARING FACE COVERINGS: \_\_\_\_\_  
\_\_\_\_\_

17. PLEASE EXPLAIN IN DETAIL THE SOCIAL DISTANCING MEASURES THAT WILL BE IN PLACE:  
\_\_\_\_\_

18. EXPLAIN WHAT SANITATION MEASURES WILL YOU BE TAKEN TO ENSURE THAT ALL COMMON AREAS ARE REGULARLY DISINFECTED: \_\_\_\_\_  
\_\_\_\_\_

19. WILL ALL STAFF, VOLUNTEERS AND ATTENDEES BE REQUIRED TO WEAR FACE COVERINGS:  
\_\_\_\_\_

20. HOW WILL THE ORGANIZATION ENSURE COMPLIANCE WITH LIMITING NUMBERS OF ATTENDEES? ENFORCING SOCIAL DISTANCING? REQUIRING WEARING OF FACE COVERINGS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we) the undersigned representative of the Organization state under the pains and penalties for perjury that I (we) have the authority to provide the above listed information on behalf of the Organization and that the information provided is true and accurate.

I and the Organization agree that all provisions contained herein will be fulfilled and monitored by the Organization, its staff, and volunteers.

The Organization and the undersigned agree that the Adams County, Indiana Health Department is not responsible if any person(s) becomes exposed to or infected with COVID-19 as a result of attending the Organization's gathering and that the Organization will indemnify and hold the Adams County, Indiana Health Department harmless from any and all liability in the event any person(s) are exposed or become infected with COVID-19 as a result of attending the gathering.

I and the Organization understand and agree that in the event that Organization fails to comply with the provisions set forth in this plan on the date of the gathering, the Adams County Health Department and/or law enforcement shall have the right to require the gathering to cease immediately.

Dated: \_\_\_\_\_, 2020

Organization Name: \_\_\_\_\_

X \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

X \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

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This plan has been approved / denied by the Adams County Indiana Health Department.

Dated this \_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title