

STATE PROTOCOL ACKNOWLEDGEMENT FORM

_____ (“Operator”), hereby submits his/her/its State of Alaska travel protocol or plan to the City of Seward in place of a mutual aid agreement required under the City of Seward Emergency COVID-19 Rules. Operator acknowledges that through the submission of this plan or protocol, Operator enters into a mutual aid agreement with the City by which Operator agrees to comply with the protocol or plan and its requirements and obligations while conducting operations within the City of Seward. Operator acknowledges that failure to comply with its State protocol or plan in the City of Seward would pose a substantial risk to public health, safety, and welfare within the City of Seward and in Alaska as a whole and may result in the loss of life or serious illness. Operator agrees to strictly comply with all rules, restrictions, and protocols identified in the submitted plan or protocol and acknowledges the City’s authority to enforce the protocol or plan requirements to the maximum extent permitted by law. Operator acknowledges the City’s right to obtain an expedited court order requiring Operator to comply with its State protocol or plan and the City’s right to obtain an expedited court order enjoining Operator from conducting any activity or operation that violates Operator’s State plan or protocol. Operator agrees to submit any amendments to its State of Alaska protocol or plan to the City at manager@cityofseward.net within 24 hours of receiving approval for such amendments from the State of Alaska. Operator agrees to submit any reports or submissions it makes to the State of Alaska to the City no more than 24 hours after submitting these submissions to the State of Alaska.

I, _____, hereby signed this Acknowledgement form under penalty of perjury and acknowledge and affirm that I have full authority to enter into this agreement on behalf of Operator.

_____ (name)

_____ (Date)

Title:

Name of Operator:

Scott Meszaros, Seward City Manager