Ribbon Cutting Procedures during COVID-19

Due to the impact of COVID-19, Ribbon Cuttings will look slightly different due to additional safety precautions that are being taken to ensure safety of those in attendance. Here is what you can expect for your Ribbon Cutting until further notice:

• The Ribbon Cutting will need to take place outside to allow adequate social distancing. If it rains, the Emporia Area Chamber of Commerce will work with you to reschedule the Ribbon Cutting.
• We provide the ribbon and scissors, which will be sanitized prior to each use.
• Pictures and a Facebook Live video will be taken at the time of the event and shared on the Emporia Area Chamber of Commerce Facebook page. Pictures can be sent upon request.
• It is the responsibility of the business, the Chamber and any guests, including Ambassadors, to be aware of their temperatures. Those with a temperature of 100.4 are to refrain from attending the event.
• It is at the discretion of each attendee if he or she would like to wear a face mask. However, they are highly recommended
• One representative from the business being celebrated will be asked to join the Chamber representative for the Ribbon Cutting Presentation. This individual will be given the opportunity to provide a brief statement regarding the business, and cut the ribbon. All other employees of the business will be asked to stand 6 feet behind the presenters.
• Three Chamber Ambassadors will be responsible for safely holding the ribbon.
• Refreshments provided by you are optional. If you wish to provide food or beverage, we ask that they be individually packaged to limit the spread of germs. We are excited to join you all during this celebration! If you have any questions or concerns, please contact Amanda Taylor at the Emporia Area Chamber of Commerce, 620-342-1600.

I have read, understand and agree to follow the Ribbon Cutting procedures to ensure the safety of myself and others.

Business Name
________________________________________________________________________

Business Representative
________________________________________________________________________

Date of Signature _________________________