

## **CORONAVIRUS/COVID-19 NOTICE AND WAIVER**

Client is hereby notified and agrees that:

1. While the Province of Ontario has eased or eliminated various COVID-19 based restrictions on businesses, the conduct and performance of the services being provided by the Studio are subject to those rules in place at the time the photography services are to be performed.
2. Based upon the scope of the social distancing restrictions in place at the time of the photography services, certain aspects of the photographer/client interaction may be altered by necessity.
3. Client and all members of Client's party agree to abide by the social distancing measures in force at the time of their session or event.

### **WAIVER**

4. Client and members of Client's party assume all risks associated with potential COVID-19 transmission or exposure in relation to the photography services being provided and accept sole responsibility for an illness, injury, damages, claims or expense arising therefrom regardless of the identity of the person alleged to be at fault for such transmission or exposure.
5. As consideration for this waiver, Studio agrees to waive any liability or claim against Client or members of Client's party for COVID-19 transmission or exposure.
6. Notwithstanding the foregoing, the Waivers contained in Sections 4 and 5 of this Notice and Waiver shall not be interpreted to prohibit actions or claims against persons who knowingly participate in the photography services while exhibiting COVID-19 symptoms or who knowingly participate while having an active COVID-19 infection.

### **Agreed and Accepted:**

Client, individually and on behalf of members of Client's Party:

## **Covid -19 screening**

Please ensure you can answer all of these questions as “no” before your session.

Have you travelled outside Canada in the last 14 days?

Have you been in contact with anyone who has been tested positive for Covid-19 in the past 14 days?

Do you have any fever of 37.8 degrees Celsius or greater?

Do you have a sore throat or difficulty breathing?

Do you have fever, chills or headache?

Do you have loss of taste or smell?

Do you have unexplained sore muscles or not feeling well?

Do you have any nausea/vomiting, diarrhea, lethargy or abdominal pain?

Do you have red eyes?

Do you have a runny nose or nasal congestion?

Have you had any medications to reduce fever?

Please provide with a name and contact number:

NAME:

NUMBER:

DATE: