Name of responsible party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this waiver is for anyone in the pod for the visit:

Please answer all the following questions below in order to participate.

Do you or your any of your family members have a fever or above normal temperature? Y/N

Have you or your any of your family members experienced shortness of breath or had trouble breathing? Y/N

Do you or your any of your family members have a dry cough? Y/N

Do you or your any of your family members have a runny nose? Y/N

Have you or your any of your family members recently lose or has a reduction in your sense of smell? Y/N

Do you or your any of your family members have a sore throat? Y/N

Have you or your any of your family members been in contact with someone who has tested positive for COVID19? Y/N

Have you or your any of your family members have tested positive for COVID-19

Y/N If Yes, when?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or your any of your family members have tested and are awaiting results for COVID-19 Y/N

Have you traveled outside the country in the past 14 days? Y/N

In light of the foregoing, I ,hereby release and waive, Passion For Ezra and its affiliates, owners, members, employees, and property owners of any and all claims, legal actions, liabilities, physical/personal or emotional damages that I (and/or my entire party) may receive directly or indirectly from todays photoshoot. I also understand that I am responsible for my child, adult supervision is required, and are responsible to any damages done to the property or props by my pod. Also, by signing I understand via invoice, post, and this waiver- this is a non refundable event.

Signature/Name of every Adult attending & Date:

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Name of Each Child you are signing for: