PHOTO LIGHTING | DIGITAL | STUDIO

CREW AND CAST INDEMNITY FORM

Shoot Job name/number:

First name and Surname:

Telephone number:

Physical address:

Identity or Passport Number:

I, the undersigned _____,

declare the below statements are true and correct to the best of my knowledge:

• I have not travelled outside of South Africa in the past 30 days;

• I have had no flu or cold like symptoms in the past 21 days;

• no-one I live with or have regular close contact with has had flu or cold like symptoms in the past three weeks; and in the past three weeks I have had no contact with any person who is suspected of having contracted Novel Coronavirus ("Covid-19") or has tested positive for Covid-19 or is currently awaiting test results on their Covid-19 status; and/or is a carrier of Covid-19.

I acknowledge that if I am found to have withheld any critical medical information or if I am found to have made any untrue statement above, I will be asked to vacate Flash Studios without any recourse of location/gear rental charges

I indemnify Flash Studio and/or any other person/entity affiliated and/or in any way involved with the shoot ("Indemnified Persons") against any losses, claims, damages, expenses and costs that I may incur as a result of my being required to vacate the shoot premises.

I accept full responsibility on set for my own health and/or the health of any child model of whom I am the legal guardian.

I accept that if, at any time after being on this shoot, I discover that I have contracted Covid-19, I do not expect any compensation whatsoever from any of the Indemnified Persons for any losses, claims, damages, expenses and costs that I incur as a result of such contraction, including, without limitation, medical fees / loss of income and/or loss of employment and I accordingly indemnify and hold harmless each of the Indemnified Persons against all such losses, claims, damages, expenses and costs to the fullest extent possible in law.

I acknowledge that I am fully aware that any shoot insurance that may be place does not cover any Covid-19 related expenses or medical bills.

Dated this _____ day of _____ 2020

Signature: _____