

Photography Workshop

Covid Protocol Informed Consent Form

COVID-19 Health Information & Informed Consent

Name: _____

Date: _____

This document contains important information about your decision to participate in a group photography in-person workshop during the COVID-19 public health crisis. Please read and fill out this form carefully and immediately contact me know if you have any questions.

COVID-19 Information

Please answer these COVID-19 health questions below:

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Do you know, or have you recently had, any respiratory or flu symptoms (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)? Yes No
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes No
4. Have you traveled anywhere outside of the state or country in the last two weeks?
Yes No Location: _____
5. Have you had a new loss of taste or smell? Yes No
6. Have you been tested for COVID-19? Yes No Test came back : Positive
Negative Date: _____
7. Have you had a new onset of muscle aches and pain since the emergence of the virus?
8. Yes No
9. Have you received the COVID vaccine? Yes No Date: _____

I _____ consent to participate in a group photography in-person workshop during the COVID-19 public health crisis and Understand the following:

- I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic. I further understand that COVID-19 is extremely contagious and may be contracted from various sources.
- I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.
- I understand that I am the decision maker for my healthcare.
- I am participating in and agreeing to this “informed consent” and I am fully within my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic.

- I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period of time, there may be an elevated risk of disease transmission.
- I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this in-person workshop and give my express permission to all members of this workshop to proceed.
- I have printed a copy of this consent form.
- I knowingly and willingly consent to the workshop with full understanding and disclosure of the risks associated with an in-person event during the Covid-19 pandemic.
- I confirm all of my questions have been answered to my satisfaction.
- I have read, or have had read to me, the above Covid-19 risk informed consent.
- I intend this consent to cover the entire course of my participation from all providers in this workshop.
- By signing this release and consent I hereby for myself, my heirs, administrators and assignees shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.
- It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, and DISCHARGE, AND COVENANT NOT TO SUE Mat Chacon or any and all workers in this workshop.
- I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT.
- BY SIGNING BELOW, I AGREE THAT I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

I agree that I will notify Mat Chacon or a worker or participant in this workshop if I test positive for COVID-19 prior to my participation in this workshop.

Client Signature: _____

Date: _____