

CORONAVIRUS DISEASE (COVID-19)

VISITATION DECLARATION, RELEASE, INDEMNITY, AND HEALTH DISCLOSURE

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

ONE (1) PER ADULT - PLEASE READ CAREFULLY

RE: Visiting **Mint Room Studios** (the "Premises") on _____ (date) at _____ (time).

I _____ confirm the following statements to be true (check all that apply):

PRINT NAME

- I/my child(ren) have not recently traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada in the last 14 days;
- I/my child(ren) have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I/my child(ren) have not come into contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days.

Please list dependants **under 16 years old** below (if present throughout your booking):

_____, _____,
_____, _____

My contact information (for the purposes of contact tracing) is as follows:

Phone Number: _____

Current Address: _____

Email Address: _____

I further acknowledge and agree as follows:

- 1) I have answered the above questions truthfully and honestly and I understand that in the event that I am unable to check all three boxes or that it is discovered that I have incorrectly answered any of those health questions, that I will be required to leave the Premises;
- 2) I recognize that there are certain inherent risks, such as elevated surfaces, associated with my studio session and I assume full responsibility for personal injury to myself and (if applicable) my group members, and further release and discharge Preto
- 3) I fully understand and aware that by visiting the Premises, there is a risk I may be exposing myself/my child(ren) to the potential transmission of the COVID-19 virus to myself, my family, or my friends. I knowingly, freely, and voluntarily accept the risks of this activity, including possible contamination, illness, or death and I take full responsibility for any negative consequences resulting from continuing this activity at this time;
- 4) I/my child(ren) will maintain at least a 6 foot or 2 meter physical/social distancing from all other persons present throughout the duration of my attendance at the Premises;

5) I/my child(ren) am aware of the best practices related to attending the Premises during the COVID-19 pandemic, including but not limited to; keeping my hands in my pockets, refraining from touching any surfaces, turning lights on or off, opening or closing doors, not using washroom facilities, and wherever possible, disinfecting my hands immediately before and after attending the Premises or touching anything in the Premises;

6) I/my child(ren) agree to waive any and all claims that I have, or may in the future have, against Mint Room Studios Inc., including its directors, officers, employees, agents, and representatives (the "Releasees") and to forever discharge and release the Releasees from any and all liability for any loss, damage, injury, death or other expense that I/my child(ren) may suffer, or that my next-of-kin may suffer, as a result of my entering the Premises, including, but not limited to, negligence, breach of contract, or breach of any other duty I am owed. For the sake of clarity, but without limitation, I agree to assume all risk associated with the Premises and any physical or mental harm, illness, viruses, or other diseases, of any nature, that are acquired during the visit to the Premises or as a result thereof;

7) I/my child(ren) further undertake to hold and save harmless and agree to indemnify all of the Releasees for and against any and all liability incurred by any or all of them arising as a result of or in any way connected with my visit to the Premises;

8) I/my child(ren) hereby declare that I have had the opportunity to seek independent legal advice with respect to the matters addressed in this document.

I have read and understand this Agreement and I am aware that by signing this Agreement I am waiving certain legal rights which I/my child(ren) or my heirs, next-of-kin, executors, administrators, and assigns may have against the Releasees.

DATE _____

SIGNATURE _____

NAME _____
PRINT NAME

WITNESS _____
NAME OF YOUR PHOTOGRAPHER / GUEST / PARTNER OR STUDIO MANAGER