

HEALTH DECLARATION REGARDING NOVEL CORONAVIRUS DISEASE 2020

By signing below, I declare and affirm that each of the following statements is true and accurate as of the date specified below:

1. I give this DECLARATION voluntarily in connection with a production and/or other event (“Event”) scheduled to occur on or begin on or about _____ and continue through the date on or about _____ involving _____ (“Producer”) and Producer’s affiliate, BRECK LARSON (“Producer Affiliate”).
2. I understand that the U.S. Centers for Disease Control (“CDC”) has determined that the disease known as Novel Coronavirus 2019 (“COVID-19”) currently is a worldwide pandemic that poses a serious health risk in the U.S.
3. I understand that COVID-19 spreads from person to person and that COVID-19 may result in serious medical conditions, including death.
4. I understand that the symptoms of COVID-19 include but are not limited to fever, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell (“COVID-19 Symptoms”).
5. To the best of my knowledge and belief:
 - 5.1. In the past fourteen (14) days I have not returned from travel to any foreign country.
 - 5.2. I have not been diagnosed as having COVID-19, am not currently suffering from COVID-19, and am not at risk of spreading the disease to others;
 - 5.3. In the past fourteen (14) days I have not been in close contact¹ with anyone with COVID-19 or COVID-19 Symptoms;
 - 5.4. In the past fourteen (14) days I have not had COVID-19 Symptoms.
6. If in the next fourteen (14) days, or any time during the length of the Event, or any time in the fourteen (14) days after the last day of the Event, I develop COVID-19 Symptoms, feel sick, am otherwise suspected of having COVID-19, or learn that within that same time period I have been in close contact with any individual having, or is suspected of having, COVID-19 or who has COVID-19 Symptoms, I will notify Producer immediately and will self-quarantine and avoid contact with all employees and personnel of Producer, Producer Affiliate, or any other party associated or involved with the Event immediately. I will also notify Producer if I test positive for COVID-19 any time from today through the day that is fourteen (14) days after the last day of the Event.
7. I have read and thoughtfully considered each of the numbered statements set forth in this document. I understand that by signing this DECLARATION, I am affirming that each statement is true with respect to me and that Producer and all individuals participating in the Event in person are relying in good faith on my true and honest assessment of each statement.
8. I understand that individuals capable of spreading COVID-19 may not exhibit COVID-19 Symptoms or other symptoms of the disease. Throughout the duration of the Event I will stay at least six (6) feet away from other individuals, will thoroughly wash my hands and/or use hand sanitizer periodically, and will follow recommendations and guidelines of the CDC, Producer, Producer Affiliate, and other agencies for avoiding spread of COVID-19. I understand, however, that that by participating in the Event, I am at risk of contracting COVID-19 despite reasonable care taken by me and others involved in the Event.
9. I consent to be tested for COVID-19 in the event that I have any COVID-19 Symptoms, provided that testing is available. I consent to provide such test results to Producer immediately upon receipt.
10. I hereby voluntarily and unconditionally release, discharge, indemnify, and agree to hold harmless Producer, Producer Affiliate, and each of their employees, agents, officers, directors, parents, and subsidiaries free from any and all liability arising out of or in connection with my participation in the Event. For purposes of this release, liability includes, without limitation, all claims, demands, losses, causes of action, suits or judgments of any kind that I may have against Producer and/or Producer Affiliate because of my personal, physical, or emotional injury, illness, or death arising from my participation in or presence at the Event.

I HERBY AFFIRM THAT ALL STATEMENTS ABOVE ARE TRUE AND CORRECT.

Signature

Date: _____

Name

Email & Phone: _____

¹ The CDC defines “close contact” as (a) being within approximately six (6) feet of a COVID-19 case for a prolonged period of time or (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).