

LIABILITY RELEASE

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I agree to the following:

- I understand the symptoms listed above and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.
- I understand that BSC PHOTO cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

By signing below, I agree to each statement above and release BSC PHOTO from any and all liability for unintentional exposure or harm due to COVID-19.

SIGNED

DATE