

## Photographic Attendance Agreement

Client:

Date:

Location:

Name:

Position:

Please read below carefully:

- I do not have a fever or any cold/flu type symptoms
- I have not been in close contact with anyone with col/flu type symptoms
- I have not been in close contact with anyone who has arrived from overseas within the last 14 days
- I have chosen to attend the shoot today of my own free will and understand risk involved
- I agree to adhere to all safety and hygiene protocols prior and during the shoot
- I agree to practice social distancing

My signature is my acknowledgement of the above.

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Signed