

COVID-19 DECLARATION FORM FOR INDIVIDUALS ATTENDING SHOOT

As part of our commitment to provide a safe working environment for all on set during the unprecedented, fast-changing COVID-19 situation, we need to ask you to confirm in writing by signing below, that:

- You have been meeting the U.S. government (or if you are not a U.S. resident, other government guidelines applicable to you) COVID-19 guidelines and social distancing when not at work, meaning you have been keeping at least 6 feet of space between yourself and other people outside of your home, and have been avoiding gathering in groups, crowded places, and mass gatherings.
- As far as you are aware, you have not been in close contact with a confirmed case of COVID-19 or anyone who is showing symptoms consistent with COVID-19 within the last 14 days.
- You have not travelled internationally outside of the U.S. (or if you are not a U.S. resident, outside of your home country), nor to your knowledge had any contact with any individual travelling internationally, in the 14 days prior to the shoot.
- If you develop any of the symptoms of COVID-19 (as listed at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>) at any point before or during or within 14 days following the shoot you will immediately inform the production company engaging you prior to signing and returning this document.
- You will notify the production company immediately should anything change as regards to the above confirmations prior to the scheduled shoot date(s).
- You have read, understood and agree to abide by the AICP Workplace Guidelines and Considerations applicable to your role in this production (available at <https://www.aicp.com/business-resources/business-affairs-information/aicp-guidelines/covid-19-workplace-guidelines/>), and/or, if applicable, the written safety protocols made available to you by the production company.

Consent to Share this Form with Production Agency:

[] By checking this box and signing below, you voluntarily consent that this form may be shared by Producer with Digital Astronaut, Inc., and you acknowledge that this form will be confidentially maintained and used by limited personnel of Producer and/or Digital Astronaut, Inc. solely for purposes of monitoring and managing the safety of this production and individuals on the premises of the shoot.

Print your name:

Signed:

Best number to contact you at if we need to notify you of a health/safety issue related to the production:

We also need you to provide us with contact details of an emergency contact in the case of emergency on set, please provide those here.

Name of resident emergency contact:

Mobile of resident emergency contact:

Date: