



HARRY WALKER AGENCY, LLC

The World's Leading Speakers' Bureau

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SCHEDULE 2: HEALTH FORM COVID-19 HEALTH DECLARATION FORM FOR ATTENDEES

As part of our commitment to provide a safe working environment for all event participants and attendees, **we need to ask you to please carefully read and complete the attestation below before entering the Event Venue. Your responses will be treated confidentially.**

- You have not been diagnosed with or tested positive for Covid-19 in the past 10 days.
- You have no cause to believe that you have Covid-19 or may have been exposed to Covid-19 in the past 10 days.
- You have not knowingly been in close contact with a confirmed case of Covid-19 or with anyone undergoing self-isolation for Covid-19 for the last 10 days.
- You have not knowingly been in close contact with anyone who is showing symptoms consistent with Covid-19 for the last 10 days.
- You will notify us immediately (a) should anything change in regards to the above confirmations and/or (b) if, during or following the event, you have reason to believe that you were exposed to or infected with Covid-19 whilst at the event venue
- You have read, understood and agreed to abide by the Covid-19 Safety guidelines as provided by the venue.
- You acknowledge that as part of your participation in the Event you may be required to be in close contact (within 2 meters) of other attendees. You hereby consent to such contact and assume any associated risks.
- You acknowledge that by participating in the Event you voluntarily assume the risk that you may be exposed to or infected by Covid-19. To the extent permissible by law, you hereby fully waive, release, covenant not to sue, discharge and hold harmless all program participants including speakers and their employees, agents, representatives, contractors, subcontractors, successors, heirs, assigns, affiliates, and legal representatives from and for all claims, rights, demands or causes of action that you may have in respect of Covid-19 including without limitation those which result from exposure to or infection by Covid-19 and/or cancellation of the production as result of Covid-19, including related costs in respect of the same. The foregoing is without prejudice to any contractual rights you may have in respect of any cancellation of the production.
- Nothing contained in this form shall be construed to require the commission of any act contrary to law and, wherever there is any conflict between the provision of this form and any material statute, law, ordinance, order, or regulation contrary to which the parties have no legal right to contract, the latter shall prevail, provided that, in any such event, any provision of this form so affected shall be curtailed and limited only to the extent necessary to bring it within the legal requirements; provided, further, that no other provision of this form shall be affected thereby and such other provisions shall continue in full force and effect.

We have a legitimate interest in collecting this personal data to protect the health of our employees, contractors, freelancers, and visitors. This information will be recorded and securely stored in accordance with our data protection and privacy policies, employee privacy notices, and temporary agency worker/contractor/consultant privacy notices (available on request).

I, _____, hereby certify that I have read the above and all statements are true and accurate to the best of my knowledge.

We also need you to provide us with contact details of a spouse/partner/home-dweller or other contact in case of emergency. Please provide below.

Emergency Contact Name:

Emergency Contact Phone Number:

Signature: _____

Name: _____

Mobile Number: _____