



THE PHOTOGRAPHIC GUILD OF NOVA SCOTIA RECORD OF PROOF OF VACCINATION STATUS

I hereby consent to The Photographic Guild of Nova Scotia Field retaining a record of my proof that I have been fully vaccinated for Covid 19 so that I may participate in Field Trips, Workshops, Meetings and other Guild activities (“Event”).

In consideration of the Photographic Guild of Nova Scotia (PGNS) accepting my participation in this Event, I, on behalf of myself, my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless PGNS, its officers, directors, employees, servants, agents and Field Trip/ Workshop leaders and each of their heirs, executors, administrators and assigns from any claim, cause of action, costs, expenses or demands and all liability whatsoever arising or that may arise as a result of my participation in this Event.

This waiver and release shall be binding on me, my heirs, executors, administrators and assigns.

By signing below, I confirm that I have read, understood and accepted the above conditions.

Date: _____

SIGNATURE OF PARTICIPANT

NAME OF PARTICIPANT (Please Print)

SIGNATURE OF WITNESS

NAME OF WITNESS (Please Print)

If the participant is under age 16, a parent or guardian is to sign this release form.

SIGNATURE OF PARENT

NAME OF PARENT (Please Print)