

"BACK TO SCHOOL PHOTOS" CLIENT INFORMATION

| STUDENT NAME(S |) : |
|--|--|
| guardian name | |
| EMAIL ADDRESS |): |
| PHONE NUMBER | t: |
| CLIENT'S AGREEMENT | |
| I, | (Client's Name), have read and understood the terms and |
| conditions of this event and will comply with the following regulations: | |
| I understand that no I will be asked to lea I, the parent/guardian, u and will supervise their s My party will remain in reteam escorts me to my a I understand gatheric will result in my appointmental in the interval of the int | nderstand that I am responsible for the actions of my children while at the event, ocial distancing and mask wearing. my vehicle in the designated parking space until a member of the Giving Group ppointment: mg on the property other than while in the photo booth area during my appointment bintment being cancelled. My entire party and I will be asked to leave. y appointment time, and will leave the premises directly after my appointment. ment if I or any member of my household has: someone who has been diagnosed with COVID-19 D-19 symptoms in the last two weeks |
| will result in my appo • I will not arrive before m • I will cancel my appointm • Been in contact with | pintment being cancelled. My entire party and I will be asked to leave. y appointment time, and will leave the premises directly after my appointment. nent if I or any member of my household has: someone who has been diagnosed with COVID-19 D-19 symptoms in the last two weeks |

signature

date