



COVID 19 VACINATION DISCLAIMER/WAIVER/EXEMPTION	
<b>PRODUCTION CO:</b>	B @ 1 LLC
<b>DATE:</b>	8/31/2021
<b>PRODUCTION TITLE</b>	Move Me No Mountain
<b>ADDRESS:</b>	2405 W Serene Ave #925 Las Vegas, 89123

<b>PRODUCER:</b>	Patrick Wirtz	<b>PROD CELL:</b>	(702) 373-4469
		<b>PROD EMAIL:</b>	photo@pwirtz.com
<b>DIRECTOR:</b>	Deborah Richards	<b>DIR CELL:</b>	(702) 283-2838
		<b>DIR EMAIL:</b>	debbiinpink@gmail.com

I \_\_\_\_\_ have chosen to not get the covid 19 vaccination for one of the following reasons;

- a strong moral objection,
- religious reasons,
- and/or pre-existing health conditions that preclude me from doing so.

I \_\_\_\_\_ will not hold the production company, any of its representatives or third parties related to this production (“the parties”) responsible or liable for any covid infection or related complications that arise during my time as cast or crew member on Move Me No Mountain and completely indemnify “the parties.”

I \_\_\_\_\_ am of sound mind, understand the seriousness of this statement and sign this waiver on my own accord.

\*\*\* All Cast and Crew Will Be Required to wear MASKS indoors at ALL TIMES except while performing on camera, eating or having makeup applied.

Cast or Crew Member Printed Name	Signature	Date