

**Motion Picture Institute**

**Guest Safety Waiver**

I understand that I must wear a mask at all times inside the building.

I understand that if I fail to abide by MPI's posted safety guidelines I will be asked to leave the premises.

I agree to hold MPI harmless in the event I or a family member or close friend contract COVID-19. I understand that it is impossible for MPI to protect me once I step outside the institute and that there are an infinite number of ways I may possibly contract the virus.

If I or a family member or close friend do contract COVID-19 I will immediately inform the institute.

I agree to the aforementioned by the setting forth of my signature below. I understand that I will not attend this event if I do not sign this waiver.

Guest NAME: \_\_\_\_\_

Guest SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_