

PLEASE FILL THE FOLLOWING FORMS CAREFULLY AND ACCURATELY- PLEASE SIGN AT THE END OF EACH FORM.

**Personal and Medical Details Form**

<b>Applicant Personal Details</b>	
Name	
Address	
Phone Number	
Email	
Date of Birth	
<b>Applicant Medical Details</b>	
Have you ever been admitted to a hospital for the treatment of an injury or illness? State the nature of the treatment	

<p>Details</p>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• How far along is your pregnancy? -</li> <li>• Is your pregnancy considered low-risk or high-risk? -</li> <li>• Will you be cleared by your healthcare provider to participate? -</li> <li>• Are there any medical restrictions (travel, stress, physical activity, long filming hours)? -</li> <li>• Do you have any pregnancy-related conditions (e.g., gestational diabetes, hypertension)? -</li> <li>• Are you currently taking any medications that could be affected by filming conditions? -</li> <li>• What accommodations would you require (rest, nutrition, hydration, medical access)? -</li> </ul> <p><b>Emotional and mental well being</b></p> <ul style="list-style-type: none"> <li>• How are you feeling emotionally during your pregnancy?</li> <li>• Have you experienced anxiety, depression, or high stress during this pregnancy?</li> <li>• How do you typically cope with stress or public scrutiny?</li> <li>• Are you comfortable being filmed during emotionally sensitive moments?</li> <li>• Who will your support system be (partner, family, friends) during production?</li> </ul>		
<p>Details of dietary restrictions, if any</p>			
<p>Details of allergies (If any)</p>			
<p>Details of medication consumed</p>			
<p>Please tick if you have or ever had any of these</p>	<p>Name of the disease</p>	<p>Yes</p>	<p>No</p>
	<p>Lung Disease Diabetes Heart Problems / Stroke Conditions Pacemaker or other implanted device Periods of Unconsciousness/Dizziness Joint Or Bone Problems Epilepsy Chest Pains High Blood Pressure</p>		
<p>If yes, please provide further details.</p>			

Have you ever had any medical conditions that may get aggravated by physical activities?	
<b>Next of kin details</b>	
Name	
Address	
Phone Number	
Email	
Age	

I hereby agree and undertake that:

- I confirm that the information contained in this application is true and correct to the best of my knowledge.
- I understand and agree that the above mentioned details will be processed for administrative purposes and that they will also be shared with the doctors, consultants and of Moving Images to enable them to administer their duties.
- I undertake to inform Moving Images of any change to the details provided hereinabove.

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Place</b>	

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby agree to the following that:

1. I am voluntarily and willfully participating in a captive reality format, program (“**Program**”) offered by Moving Images \_\_\_\_ (“**Production House**”) for a period of 1 year from execution hereof (“**Term**”) during which I will receive information about health and fitness and advised to perform certain physical activities.-
2. I recognize that my participation in the Program will be contingent in accordance with the information provided by me hereinabove and other information given by me during the Term.
3. I have been made aware of the potential risks of the Program and fully understand the same. I recognize the importance and agree to fully comply with my supervisor’s instructions regarding participation in this Program and any other applicable policies, rules and regulations of Production House.
4. I acknowledge that the Program may require physical exertion which may be strenuous.
5. I represent and warrant that I am physically fit and I have no medical condition, other than those set out hereinabove, which may prevent my full participation in the Program.
6. I acknowledge that no assurance or guarantee has been provided to me as to the results of undertaking the Program.
7. I acknowledge and understand that Production House must be fully aware of my existing medical conditions. I have completed my medical history form as provided by Production House and disclosed to Production House all of those medical conditions affecting me. It is my responsibility to keep Production House updated on my medical history. The information I have provided is true and complete to the best of my knowledge.
8. In consideration of being permitted to undertake the Program, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur, whether now or in the future, as a result of undertaking the Program. If, however, I observe any hazard during the Term of the Program, I will bring such hazard to the attention of management.
9. On behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:
  - a) waive, release, and discharge Production House and its assigns, successors, employees, agents, consultants, owners, directors (“**Released Parties**”) from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of undertaking the Program; even if arising from the Released Parties’ negligence, to the fullest extent permitted by law.
  - b) defend, indemnify, and hold harmless the Released Parties from and against any and all claims of any nature including all costs, expenses and attorneys’ fees, which in any manner result during the Program.
  - c) This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned, affirm that I am 18 years or above of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

<b>Name</b>		
<b>Signature</b>		
<b>Date</b>		
<b>Place</b>		