

## Exhibitors request (Self-disclosure for participation as a exhibitor to camera-shows)

This form must be completely filled out by every exhibitor and handed in at the reception. Your truthful information is important and a prerequisite for entering and lingering in the premises of the camera-shows organized by us. With the information you have provided, you consent to the processing of your personal data for the purpose. In accordance with the current containment regulations, we are obliged to collect your contact details so that contact traceability is given in the event of a SARS-CoV2 infection.

### Exhibitors Personal data

Name: First Name:

Street / No: ZIP / City:

Telephone: Cellphone:

e-mail:

### confirmed Camera-Show (vote only one event)

Berlin Dortmund Essen Frankfurt a.M. Hamburg Karlsruhe Koeln Schkeuditz

Event date: Exhibitors set up time: 08.00-10.00 AM

### **Hereby I declare that I or someone from my domestic community in the last 14 days**

has not had contact with a person proven to be infected with SARS-CoV2

have no symptoms such as cough, runny nose, sore throat, loss of sense of smell / taste

has not returned from a risk area defined by the authorities

I confirm the declaration of the necessary compliance with the **following requirements**:

1. Wear a face mask (respirator) during your entire stay
2. Follow the cough and sneeze label (sneeze in the crook of the elbow, turn away when sneezing)
3. Carry out a thorough hand disinfection before the entrance and at the exhibitor stands
4. Have no physical contact with other visitors and exhibitors during the event
5. Observe the minimum distance (at least 1.5 m) from all people
6. Inform the organizer about my length of stay and the time of leaving the event

I have received knowledge of the hygiene, protection and safety regulations and will adhere to them bindingly. I will inform the organizer of any change of status to this self-disclosure without delay.

**City:**

**Date:**

**Signature:**

### Privacy information:

Legal basis for the processing of personal data is Art 6 Abs. 1f DSGVO. The collection of data via this form does not pursue assessing a state of health but serves to assess whether we can grant you access to one of our properties, as part of our duty of care. If it is not possible for you to provide us with the information, we reserve the right to refuse access to our properties, in the course of exercising our domiciliary rights. No further electronic processing of the form will take place. After retention period, the form will be destroyed.