



LETTER OF COMMITMENT RE COVID19

I		declare the	at I represent		of
	(Person Responsible) (Name of Applying Company)				
	in our Application for a Certificate of Registration to film a				
	(same street address as on A	application form)			
		called	in Belize fro	m	·
	(Type of Production)	(Name of Produc	tion)	(Arrival to Departure Dates)
	, -	-	and safety conditions requitions requited issuance of the BFC Cert	uired due to the ongoing CO\ ificate.	VID19
I fu	ully understand and und	conditionally agree to:			
1)	Cover the costs involved to secure testing for the COVID19 virus of all cast and crew (both international and local) before the start of production, every 7-10 days during, and after production has wrapped in Belize.				
2)	Hire within the local crew, a designated Belize Gold Standard Program Manager to ensure the production is adhering to all the health and safety guidelines and practices issued by the Belizean Government and the Belize Film Commission in regards to safe sets. This includes but is not limited to the wearing of masks, social distancing, the number of persons allowed to gather in one location, adequate sanitizing stations and regular sanitizing of set throughout the day.				
3) 4)	from start of production to wrap in Belize.				
4)	Cover the costs of any necessary quarantine for cast or crew that may become necessary with a positive test result during production.				
5)	Indemnify the Belize Film Commission from any claims (medical or otherwise) by cast and crew (local and international) resulting from infection with COVID19 during production.				
ар		ng revoked and can d		. I accept that failure to do s npany I represent from rec	
Da	ted this	day of	(month) of	(year).	
Na	me:		Signature:		