



Please take a moment to complete our consent form.

By submitting the form below you agree to knowingly and willingly consent to have hair/nails/waxing service during the COVID-19 pandemic.

We reserve the right to refuse service if this form is not submitted. Thank you.

I, _____, knowingly and willingly consent to have hair /skin /nail /other service(s) performed during the COVID-19 Pandemic.

(____) I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

(____) To prevent the spread of contagious viruses and to help protect each Other, I understand and will follow the salon's strict guidelines.

I understand that air travel increases the risk of contracting and transmitting the COVID-19 virus.

(____) I verify that I have not traveled outside domestically/internationally in/out of the United States in the last 14 days.

(____) I affirm that I, as well as all household members, have not been diagnosed with COVID-19 in the last 30 days.

(____) I confirm that I am not presenting any of the following symptoms of COVID19 below and I am willing to have my temperature taken.

- Fever • Shortness of breath • Sore throat
- Runny nose • Dry cough • Loss of sense of taste/smell.

By signing below, I have agreed to each statement and release the service provider and business from any and all liability for unintentional exposure or harm due to COVID-19.

Signature: _____

Date: _____