

*** Customer Safety Waiver

Name: _____

Time In: _____

Time Out: _____

Client Screening: Please circle YES or NO for the following questions: Have you had a new or worsening cough? YES NO

Have you had shortness of breath? YES NO

Have you had a fever? YES NO

Have you been in close contact with anyone with these symptoms or anyone who has been diagnosed with COVID-19 in the past 14 days? YES NO

Client Waiver: _____

I voluntarily seek services provided by *** and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment. **I further acknowledge that *** can not guarantee that I will not become infected with the Coronavirus/Covid-19.** I hereby release and waive on behalf of myself, my heirs, and any personal representatives all causes of action, claims, and/or expenses for damage or loss to myself or property that may arise due to services received from ***. I understand that this release discharges *** from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from ***. This liability waiver and release extends to the clinic together with all owners, partners, and employees.

Signature Date