



COVID-19 Pandemic Salon Treatment Consent Form

I, _____, knowingly and willingly consent to have salon services 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.

_____ I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of hair services, that I have an elevated risk of contracting the virus simply by being in the salon.

_____ I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Temperature above 98.7 degrees
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore Throat

_____ I confirm that I have not been around anyone with these symptoms in the past 14 days.

_____ To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the salon's strict guidelines.

_____ I understand that the CDC, OSHA and NY STATE Board of Cosmetology recommend social distancing of at least 6 feet.

_____ I verify that I have not traveled outside the United States in the past 14 days.

_____ I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days.

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.

Name _____ Today's date _____

PhoneNumber _____ Client's Temperature _____