



COVID-19 Consent Release Form

I, _____, knowingly and willingly consent to have a beauty service during the COVID-19 pandemic.

To prevent the spread of the contagious viruses and to help protect each other, I understand that I will have to follow the states and salons standard health protocols.

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And I understand that the CDC, OSHA, and the State Board of Cosmetology and Barbers recommend social distancing of at least 6 feet.

I understand that 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 of virus testing. _____ (Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19: _____ (Initial)

- Fever at or greater than 100 degrees
- Shortness of breath
- Loss of taste or smell
- Dry cough
- Runny nose
- Sore throat
- Chills
- Muscle pain
- Headache
- Diarrhea
- I verify that I have not traveled outside of the United States in the past 14 days to countries that have been affected by COVID-19 or traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____ (Initial)
- I verify that I have no known contact with a person who is lab confirmed to have Covid-19. _____ (Initial)

I acknowledge that the service that I will receive is at my own risk. _____(Initial)

Signing below indicates your consent and agree to indemnity, defend and hold harmless Salons by JC, Hair By Eileen , Eileen Perez, my service provider or any other person within the salon liable for any damages, harm that I or anyone else may incur should I contract the Covid-19 virus at any point in time or place _____(Initial)

Printed Name: _____

Signature: _____

Date: _____