## envy salon COVID-19 Pandemic Salon/Spa Treatment Consent Form

I, _____, knowingly and willingly consent to have hair service(s) 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. In addition, I understand that envy salon cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided to envy salon.

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

Temperature above 98.7 degrees        current temp   _____

Shortness of breath / Difficulty breathing

Loss of sense of taste or smell

Dry cough        Gastro-intestinal discomfort

Sore Throat      Fatigue

_____ I confirm that if I present symptoms between now and my appointment that I will cancel. I also understand that I can be denied service if I show up with symptoms.

_____ I confirm that I have not been around anyone with these symptoms in the past 14 days.
_____ I do not live with anyone who is sick, quarantined or tested positive for COVID-19

_____ To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow envy salon's strict guidelines. I will disinfect my hands upon entrance to envy salon and wear a mask at all times.

_____ 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 Maryland Board of Cosmetology and Barbers recommend social distancing of at least 6 feet.

_____ I verify that I have not traveled outside the United States or to any city considered to be a "hotspot" for COVID-19  in the past 14 days.


Signature_____                    Date_____