



COVID-19 LIABILITY WAIVER

PLEASE CAREFULLY READ, SIGN AND SUBMIT THE WAIVER BELOW

ABOUT THE WAIVER

As you maybe already know that these are uncertain times. The risks of Coronavirus/COVID-19 are not well understood, and there is controversy among the experts on how the virus can spread and difficulty in scientifically determining whether anyone has the virus at any moment in time. The purpose of this waiver is to ensure both you and we have a clear understanding and acknowledgment during these uncertain times. Please carefully read, sign and submit the waiver below. THANK YOU!

COVID-19 LIABILITY WAIVER

- *I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.*
- *I further acknowledge that Refreshing Springs Day Spa has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.*
- *I further acknowledge that Refreshing Springs Day Spa can not guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, salon staff, and other salon clients and their families.*
- *I voluntarily seek services provided by Refreshing Springs Day Spa and acknowledge that I am increasing my risk of 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 attest that:

- *I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or loss of taste or smell.*
- *I have not traveled internationally within the last 14 days.*
- *I have not traveled to a highly impacted area within the U.S.A. in the last 14 days.*
- *I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.*
- *I have not been diagnosed with Coronavirus/Covid-19 and have not yet been cleared as noncontagious by state or local public health authorities.*
- *I am following all CDC-recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.*

I hereby release and agree to hold Refreshing Springs Day Spa harmless from and waive on behalf of myself, my heirs, and any personal representatives any causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from Refreshing Springs Day Spa. I understand that this release discharges Refreshing Springs Day Spa from any liability or claim that I, my heirs, or any personal representatives may have against the salon concerning any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Refreshing Springs Day Spa. This liability waiver and release extends to the salon together with all owners, partners, and employees.

SIGNATURE

Full Name:

Signature:

Date:
