

Eyelash Extension Service Consent Form for COVID-19

**** Due to the 2019-2020 outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below ****

I, _____ (client's name), confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

Fever, shortness of breath, loss of taste or smell, dry cough, runny nose, sore throat

I agree to the following:

- I understand the above symptoms and affirm that I, as well as household members, do not currently have, nor have experienced the symptoms listed above within the 14 days.
- I affirm that I, as well as household members, have not been diagnosed with COVID-19 within the last 30 days.
- I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms & still be highly contagious.
- I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of these services that I have an elevated risk of contracting the virus simply by being in the establishment.
- To prevent the spread of the contagious virus and to help protect each other, I understand that I must follow the establishment's guidelines.
 - Reschedule appointment if you are feeling unwell
 - No additional guest is allowed
 - Wearing a mask is required upon arrival and during the entire procedure
 - Wash hands upon arrival
 - Limit conversation during the procedure

I, knowingly and willingly consent to have eyelash extension service during the pandemic and will not hold **Flowering Beauty Artistry or Raquel Flores**, liable.

Client Signature _____

Date _____