



Salon DSK COVID-19 Pandemic Salon/Spa Treatment Consent Form

I, _____, knowingly and willingly consent to have hair and spa 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 or spa.

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

- Temperature above 100.4 degrees
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore Throat
- Gastric distress

_____ 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 or quarantined.

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

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

_____ I understand that due to government mandated health & safety requirements placed on our industry Salon DSK has added a modest \$5 PPE (Personal Protection Equipment) fee once a month per ticket to offset the additional expenses essential to protecting our clients' and staffs' health. This fee will be applied every 4 weeks.

Signature _____

Date _____