

### COVID-19 Liability Release Form

Due to COVID-19, we are taking extra precautions with each client and have improved our sanitation and disinfecting practices. Please complete the following and sign below.

\_\_\_\_\_I confirm that I, nor anyone in my household have any of the following symptoms of COVID-19 listed below, nor have had any of the following symptoms in the past 14 days:

Fever	Body Aches
Chills	Headache
Cough	New loss of taste or smell
Shortness of breath	Sore throat
Difficulty breathing	Congestion or runny nose
Muscle aches	Diarrhea

\_\_\_\_\_To the best of my knowledge, neither I nor anyone in my household has been in contact with anyone who has tested positive for COVID-19. \_\_\_\_\_(initial)

\_\_\_\_\_ I verify that neither I nor anyone in my household has traveled outside of \_\_\_\_\_ in the past 14 days. \_\_\_\_\_(initial)

\_\_\_\_\_I understand that the CDC recommends social distancing of at least 6 feet, and this may not possible with the service I am receiving today. \_\_\_\_\_(initial)

\_\_\_\_\_I agree to wear a mask or other protective face covering when not being photographed. \_\_\_\_\_(initial)

By signing below I knowingly and willingly consent to release Santa Scott in the OC from any and all liability for the unintentional exposure or harm due to COVID-19.

Name Printed

Signature

Date

\_\_\_\_\_