Whiplash & Spa

Due to Covid-19 we are taking extra precautions to ensure the safety of our staff and clients. Please complete the following and sign.

Common symptoms of Covid-19 (but not limited to):

Dry Cough, Shortness of Breath, Fever, Fatigue, Sore Throat, Body Aches, Headaches.

 I affirm that I, as well as anyone in my household, have not been diagnosed with Covid-19 in the last 30 days.

 I understand the above listed symptoms and affirm that I, as well as anyone in my household, have not experienced any in the last 14 days.

 I affirm that I, as well as anyone in my household, have not traveled outside of the country or to any of the areas considered “hotspots” in the last 30 days.

 I understand that this business and my Lash Technician cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form, and I understand that I have decided to come here on my own free will.

By signing below, I agree to each statement above and release WhipLash from any and all liability for the unintentional exposure to Covid-19.

Your technician agrees that they abide by the same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of Covid-19 and other communicable conditions.

Signature: Date: