

Covid-19 Liability Release Waiver

****Signature and Information required prior to every scheduled appointment****

Date: _____

Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ @ _____

Due to the 2019-2020 outbreak of the Coronavirus (COVID-19), The Hair Tailors Salon is taking extra precautions with the care of every client to include a health history review and enhanced sanitation / disinfection procedures in accordance with Government guidelines.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above WITHIN THE LAST 14 DAYS.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE LAST 14 DAYS.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE LAST 14 DAYS.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 WITHIN THE PAST 14 DAYS.
- I understand that ANY(ALL) STAFF at The Hair Tailors Salon cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each guest.

The Hair Tailors is following these enhanced procedures to prevent the spread of COVID-19:

- Additional time included between appointments to sanitize service areas and to minimize guest contact.
- Only guests with scheduled appointments will be allowed in the salon. No children / extra guests without an appointment.
- Each guest is required to wash / sanitize their hands immediately upon arrival.
- Everyone in the salon must wear a mask. Clients receiving services must wear an earloop mask.
- For the time being, our coffee and snack bar will not be available. No outside beverages or food will be permitted as well.
- If you experience any symptoms of COVID-19 we ask that you reschedule your appointment for a later date.

Signature: _____ **Date:** _____