

Service Agreement (COVID-19)

Name (First, Last): _____

Phone #: _____ Email Address: _____

Medical Condition: Please read the form below and fill in the blank to indicate that you understand the implication of signing:

Do you currently have, or had any of the following conditions?

Cough: Fever: Shortness of Breath/Difficulty Breathing: Chills:
Shaking with Chills: Muscle Pain: Headache: Sore Throat:
Recent loss of taste or smell:

Do you have knowledge of, or have you had close contact with a person who has been diagnosed with COVID-19 in the past 14 days? Yes No

Have you been in an area with known risk or reported cases of COVID-19 or traveled by public transportation within the last 14 days? Yes No

Please understand that if you have any combination of the above, we may have to ask you to leave and report to a health provider as we reserve the right to refuse service for the safety of our staff and others.

CONSENT TO SERVICE: *By signing below, you agree the following:*

I, _____, have been fully informed of the risks of service including, but not limited to, infection or contraction of COVID-19 and/or any other illnesses. Having been informed of the potential risks associated with getting a service at NP Barber Shop, I still wish to proceed with service application, and I assume all risks that may arise. I will inform the barber of any discomfort that I may experience at any time during my services to allow them to adjust accordingly.

I hereby certify to the best of my ability and knowledge to inform of any changes in the above information, and that I have read and agree that the information I have provided is complete and true to the best of my knowledge. _____ (Initials)

During this COVID-19 Pandemic, I understand that if I may get an infection at the salon, I will not sue and waive all liabilities towards my barber and the employer for anything that happens during or after my service is finished.

Client Signature _____

Date _____