

HEALTHY HAIR HOUSE SERVICE CONSENT FORM

I, _____ (print name) on _____ (date), KNOWINGLY AND WILLINGLY CONSENT TO HAVE SALON SERVICES 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 any symptoms and will be highly contagious. It is impossible to determine who has it and who does NOT given the current limits in virus testing. _____ *(initial)

I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of hair salon treatments, that I have an elevated risk of contracting the virus simply by being inside of a salon. _____ *(initial)

I confirm that I am NOT presenting any of the following symptoms of COVID-19 listed: • Fever • Shortness of breath • Loss of sense of smell or taste • Dry cough • Runny nose • Sore throat _____ *(initial)

I understand that I will be required to follow the salon's strict guidelines. _____ *(initial)

I understand that the CDC, OSHA, MDH, and MS State Board of Cosmetology and Barbering recommend social distancing of at least 6 feet. _____ *(initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have not traveled outside the U.S. or domestically within the U.S. by airline, bus, or train within the past 21 days. _____ *(initial)

I verify that I have / have not *(CIRCLE ONE) had the COVID-19 virus. If so, I have been cleared by a medical doctor and have tested negative two repeat times and have documentation to prove clearance. _____ *(initial)

I understand that the owner/operator of *Healthy Hair House by Andre'a* will not be held liable for any sickness/illness contracted within 14 days of this visit. _____ *(initial)

Signature _____