

I, \_\_\_\_\_, knowingly and willingly consent to have hair services performed 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 symptoms and still 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 and the characteristics of the virus, that I have an elevated risk of contracting the virus simply by being in a salon. \_\_\_\_ (initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below \_\_\_\_ (initial)

- Fever above 99 degrees
- Shortness of breath
- Loss of Sense of Taste or Smell
- Dry Cough
- Runny Nose
- Sore Throat

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the salon's strict guidelines. \_\_\_\_ (initial)

I acknowledge that I am not currently waiting for results of a COVID-19 test \_\_\_\_ (initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I also understand that the CDC, OSHA, and New York State recommend social distancing of at least 6 feet whenever possible throughout my salon visit. \_\_\_\_ (initial)

- I verify that I have not traveled outside of the US in the past 14 days to countries that have been affected by COVID-19. \_\_\_\_ (initial)
- I verify that I have not traveled domestically within the US by commercial airline, bus, or train within the past 14 days. \_\_\_\_ (initial)

\_\_\_\_\_  
Name (signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)