

**Clientele release of liability waiver for Roxy's Salon and Spa
In regards to being services during the COVID 19 Pandemic**

I, _____, knowingly and willingly consent to have a hair service 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)

To prevent the spread of the contagious viruses and the help protect each other, I understand and will follow the salons strict guidelines. _____(Initial)

I understand that I will have to wear a mask the entire time I am in the salon, and will practice safe hygiene by using hand sanitizer during my visit. As well as supply my own mask to wear, knowing that it could get stained from color services. _____(Initial)

I understand that air travel increases the risk of contracting and transmitting the COVID-19 virus. I verify that I have not traveled outside of the United States in the past 14 Days, I also verify that I have not traveled domestically within the United States by commercial airline within the past 14 days. _____(Initial)

I affirm that I, as well as all household members have not knowingly been exposed to anyone diagnosed with COVID-19. _____(Initial)

I confirm that I am not presenting any of the following symptoms of the COVID-19 below and i am willing to have my temperature taken: _____(Initial)

- Fever/Chills
- Unusual shortness of breath /difficulty breathing
- Loss of sense of taste or smell
- Muscle pain
- Dry Cough/sore throat

All affiliates of Roxy's Salon abide by the same standards listed above. We also affirm that we have improved and expanded our sanitization protocols to more thoroughly fight the spread of Covid-19 and other communicable conditions.

By signing below i agree to each statement and release the hair stylist and business and all affiliates of salon from any and all liability for unintentional exposure or harm due to Covid-19

Signature _____.

Date. _____.