

# COVID-19 Liability Form

## COMMON SYMPTOMS OF COVID-19 MAY INCLUDE (BUT ARE NOT LIMITED TO):

- Dry Cough
- Fatigue/Tiredness
- Fever
- Shortness of breath
- Body Aches
- Sore Throat
- Headache

I, \_\_\_\_\_ agree to the following:

I affirm that I, as well as all household member, have not been diagnosed with COVID-19 within the last 30 days.

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 traveled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.

I understand that this business and my lash/brow artist cannot be held liable for any exposure to the the virus or any other contagion cause by misinformation on this form or the health history provided by each client. Furthermore I agree to not hold \_\_\_\_\_ or its associates if I do contract COVID-19 or any other contagion as I have decided to come here of my own free will.

By signing below I agree to each above statement and release \_\_\_\_\_ and the establishment in which they work from any and all liability for the unintentional exposure or harm due to COVID-19.

Your technician and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to mor thoroughly fight the spread of COVID-19 and other communicable conditions.

Consent and release for procedures performed:

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date