

# Simbiotica Hair House

Staff Member \_\_\_\_\_

19710 Ventura Blvd, Suite 102, Woodland Hills, CA 91364

818-340-0200

## **Covid-19 Pandemic Salon Consent Form**

I, \_\_\_\_\_, knowingly and willingly consent to having 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 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.

\_\_\_\_\_ I understand that due to the frequency of visits of other clients, the characteristics of virus, and the characteristics of salon services that I have an elevated risk of contracting the virus simply by being in the salon.

\_\_\_\_\_ I can confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Temperature above 98.7 degrees
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore throat

\_\_\_\_\_ I confirm that I have not been around anyone with these symptoms in the past 14 days or live with anyone with these symptoms.

\_\_\_\_\_ To prevent the spread of contagious COVID-19 and help protect each other, I agree to follow Simbiotica Hair House's strict guidelines.

\_\_\_\_\_ I agree to the CDC and Cosmetology & Barbers requirement of social distancing of at least 6 feet and will wear a mask at all times during my salon service.

\_\_\_\_\_ I verify that I have not traveled outside the United States in the past 14 days.

\_\_\_\_\_ I verify I have not travelled domestically within the past 14 days by commercial airline, bus or train.

By signing this agreement I agree to each statement and release Simbiotica Hair House, its employees and its contractor's from any and all liability for unintentional exposure or harm due to COVID-19.

Date \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_