

Salon Paradise

Covid-19 Pandemic Hair Services Consent Form

Directions: Print PDF, fill out form, date, sign and bring to Marta at your appointment.

I, _____, knowingly and willingly consent to have hair services during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which time the virus may not show symptoms but still be highly contagious. It is impossible to determine who has it and who does not, given the limits in virus testing. _____ (INITIAL)

I understand that due to the frequency of visits by other clients, the characteristics of the virus, and the characteristics of hair services, 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 and also understand if my temperature is 100.4 degrees F., the CDC considers this a fever and we suggest you reschedule your appointment and consult with your doctor. _____ (INITIAL)

- My Temperature: _____ Degrees F.
- Shortness of Breath
- Loss of Sense of Taste or Smell
- Dry Cough, Runny Nose or 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 strict guidelines. _____ (INITIAL)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And I understand that the CDC, OSHA and the Washington Board of Cosmetology and Barbers recommend social distancing of 6 feet. _____ (INITIAL)

- I verify that I have NOT traveled outside the United States 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 United States by commercial airlines, bus or train the past 14 days. _____ (INITIAL)

Date

Signature