

salon voi-lá

COVID-19 Client Intake Questionnaire and Liability Waiver Please Read Carefully and Sign Below

Due to the current outbreak of COVID-19, an extremely contagious disease that is believed to be spread mainly from person-to-person contact, we are taking extra safety and sanitation precautions, and performing recent health history and symptom checks on all of our clients and staff.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Severe pain or pressure in the chest
- New loss of taste or smell

I, _____ (please print), agree to the following:

- 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 been diagnosed with or have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not traveled outside the US, or to any locality that is, or has been, a “hot spot” for COVID-19 cases within the last 30 days.
- I understand that salon voi-lá and its employees cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below I agree to each above statement and voluntarily release salon voi-lá and its employees from any and all liability for the unintentional exposure or harm due to COVID-19.

salon voi-lá and all of its employees 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 more thoroughly fight the spread of COVID-19 and are in compliance with guidance and regulations set forth by the State of New Jersey.

Client Signature: _____ Date: _____

Print Parent / Guardian Name: (if client is under 18): _____

Parent / Guardian Signature: _____ Date: _____