

BACI SALON - PRECAUTIONARY COVID-19 LIABILITY CHECK RELEASE FORM

Due to the 2019-2020 outbreak of the novel Coronavirus, COBVID-19, we are taking extra precautions with the intake of each Client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include (but not limited to):

- Fever
- Fatigue
- Dry Cough
- Difficulty breathing

I, _____ 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 COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, 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 travelled outside 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 (BACI SALON BOUTIQUE) and Owner (Colleen BOWMAN) and all her staff cannot be held liable for any exposure to the virus or any other contagion caused by the misinformation on this form or the health history provided by each client.

By signing this document below I agree to each of the above statements being answered true and correct and release the staff and business (BACI SALON BOUTIQUE) from any and all liability for the unintentional exposure or harm due to COVID-19.

Your Stylists, Assistants and all staff at 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 fight the spread of COVID-19 and other communicable conditions.

Print Name: _____

Signature: _____ Date : _____