



## COVID-19 Pandemic Hair Treatment Consent Form

### Name \*

First Name

Last Name

### Date \*



Month Day Year

### Name of Stylist for upcoming visit \*

**I knowingly and willingly consent to having hair and salon service(s) during the COVID-19 pandemic. \***

by checking this box I understand and accept this statement.

**To prevent the spread of contagious viruses and to help protect each other, I understand that i will have to follow the salon's strict guidelines \***

by checking this box I understand and accept this statement.

**I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I know that the CDC, OSHA, and North Dakota state board of cosmetology recommend social distancing of at least 6 feet. \***

by checking this box I understand and accept this statement.

**I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of hair services, that I have elevated the risk of contracting the virus by merely being in the salon company. \***

by checking this box I understand and accept this statement.

**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 give the current limits in virus testing. \***

by checking this box I understand and accept this statement.

**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 \***

YES

NO

**I confirm that I have or have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days \***

YES

NO

## **In-salon Temperature Policy**

I'm willing to take a temperature check during my visit to the salon before the services are started, and I agree not to come to the salon with the following symptoms of COVID-19 listed below: Fever- Temperature Shortness of breath Loss of sense of taste or smell Dry cough Runny nose Sore throat

**I understand, read, and completed this questionnaire truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that this document is to provide the best possible guest experience when visiting Bombshell salon \***

Yes