**COVID-19 HAIR TREATMENT/CUT RELEASE FORM**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_knowingly and willingly consent to have a hair treatment or haircut at Bangz Salon 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 may still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing. Please initial\_\_\_\_\_\_.**

**I understand that due to the frequency of visits of other clients, and the characteristics of the virus that I have an elevated risk of contracting the virus simply by coming in to Bangz Salon. Please Initial\_\_\_\_\_\_.**

**I confirm that I am not presenting any of the following symptoms of COVID-19 listed below. Please Initial\_\_\_\_\_\_**

**-Fever or Chills**

**-Temperature\_\_\_\_\_\_\_\_\_degrees**

**-Diarrhea, Nausea, or Vomiting**

**-Shortness of Breath**

**-Loss of Sense of Taste or Smell**

**-Dry Cough, Sore Throat**

**-Runny Nose, Congestion(Not related to allergies)**

**-Fatigue, Muscle or Body Aches**

**-Headaches**

**I understand that I will follow the salon’s guidelines to prevent the spread of viruses. Please Initial\_\_\_\_\_\_\_\_**

**Please verify**

**-I have not traveled outside of the country or to an area that is highly affected by COVID-19 in the past 14 days. Please check the updated Governors list of states requiring 14 day quarantine. Please Initial\_\_\_\_\_\_\_\_**

**Bangz Salon is taking the COVID -19 virus very seriously and we have done our best to make sure that our sterilization and disinfecting techniques are up to date.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Stylist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**