

Annie's Beauty Studio

Precautionary COVID-19 Liability Release Form

Due to the 2019-2020 outbreak of the novel Coronavirus, COVID-19, we are taking additional precautions to keep all of our clients and technicians safe and healthy. Please complete the following and sign below.

Symptoms of COVID-19 include but are not limited to:

- Fever - Dry Cough - Fatigue - Shortness of breath

I, _____, agree to the following:

- ☐ I understand the symptoms of COVID-19 and affirm that I, as well as all household members, do not currently have, nor have experienced 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.

By signing below, I agree to each above statement and release Annie's Beauty Studio and the technician from all liability for any unintentional exposure or harm due to COVID-19.

Client Signature _____ Date _____

Technician Signature _____ Date _____