

Coronavirus/COVID-19 Acknowledgement and Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

With this in mind, it is important that everyone who is entering Maxine Salon be on the same page regarding measures to mitigate the risk of infection. **For that reason, we are requiring that all clients wishing to enter the Salon sign below before entering each day.** Unfortunately, anyone who does not sign and return this form will not be permitted to be in the Salon until this situation has resolved.

By signing below, I attest, represent, and warrant that the following are true and correct to the best of my knowledge, and that Maxine Salon is relying on the accuracy of my attestations:

1. I am not currently being treated for COVID-19 and do not suspect that I have COVID-19. If I have been diagnosed with COVID-19, I have either been symptom free for at least 14 days or have been cleared as noncontagious by my health care provider.

2. I am not experiencing, and within the last 14 days I have not experienced, any symptoms of COVID-19, which include, but are not limited to, the following: Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell.

3. I agree that I will follow all of Maxine Salon's safety precautions while in the Salon, including but not limited to:

- Not touching others. This includes no handshakes, hugging or other embraces.
- Wearing a face covering at all times.
- Using hand sanitizer upon entry and washing hands and hand sanitizer frequently.
- Maintain social distancing whenever possible.
- Such other reasonable requirements as the Salon may request.

By signing below, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by visiting the Salon and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while at the Salon may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other clients and others with whom I may have contact. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my visiting Maxine Salon ("Claims").

By signing below, I hereby release, covenant not to sue, discharge, and hold harmless the other Maxine Salon clients and Maxine Salon, its owner, employees, consultants, agents, and representatives (collectively, the "Released Parties"), of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Released Parties, whether a COVID-19 infection occurs before, during, or after visiting the Salon.

I confirm that I have read this Agreement, understand its contents, and enter into this Agreement voluntarily in exchange for my being permitted to visit Maxine Salon.

Signature

Printed Name

Date

If the client is under age 18 (note: children will not be admitted to the Salon unless they are receiving services):

Parent/Guardian Signature

Parent/Guardian Printed Name and Relationship

Date