

COVID-19 INFORMATION & LIABILITY WAIVER

Client Name-----

Date-----

COVID-19 Information Please circle your answer

- 1- Have you had a fever in the last 24 hours of 100 F or above? **Yes No**
- 2- Do you now or have you recently had any respiratory or flu symptoms or shortness of breath? **Yes No**
- 3- Have you been in contact with anyone in the last 14 days who has been diagnosed with **COVID-19** OR HAS coronavirus type Symptoms? **Yes No**

COVID-19 is a highly contagious virus that spreads from person to person. In addition to long held and explicit sanitation measures my business has always adhered to, new preventative measures have been put in place to further reduce the spread of this novel coronavirus. However, these best practices still offer no guarantee regarding your potential risk of being infected.

Consent for Treatment

I understand that, because esthetician involves maintained touch and close physical proximity over an extended period, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless the **Classic Beauty by Juliet** owner or owners from any claims related thereto. I give my consent to receive treatment from Juliet Naraghi.

This waiver is in effect immediately and will continue till the end of pandemic.

Client Signature ----- Date -----