

Temperature: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

## **O Salon COVID-19 Liability Release Waiver**

**\*\*Signature Required Prior to Every Scheduled Appointment\*\***

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), **O Salon** is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfection procedures in accordance with the Illinois Department of Health and the CDC.

### **Symptoms of COVID-19 include:**

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

### **Please initial each of the following:**

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above WITHIN THE LAST 14 DAYS. (  initial )

I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS. (  initial )

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS. (  initial )

I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections WITHIN THE PAST 30 DAYS. (  initial )

I understand that **O Salon** and their Employees cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client. (  initial )

By signing below, I agree to each statement above and release **O Salon** and all its employees from any and all liability for the unintentional exposure or harm due to COVID-19.

**O Salon** agrees to abide by these standards and affirms the same.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_