

COVID- 19 Pandemic Salon/ Spa treatment Consent form

I, _____, knowingly and willingly consent to have salon/ spa service(s) during the COVID-19 pandemic

Please Initial below:

_____ I confirm that I am not presenting any of the following symptoms of COVID -19 listed below:

- Temperature above 100.4
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore throat

_____ I also understand that I can be denied services if I show up with symptoms.

_____ I confirm that I have not been around anyone with the corona virus or these symptoms in the past 14 days.

*** Due to the government mandated health and safety requirements placed on our industry, we will be adding a modest, nominal fee (\$2) to your ticket to help cover the additional safety measures for your protection. (Subject to change) This fee will be in place for PPE (personal protective equipment) and extra sanitation measures that are required.

(Product usage will be reflected in pricing. No returns on retail products at this time)

Covid-19 Waiver

In light of the coronavirus outbreak (Covid-19) which has affected millions of lives throughout the world. The undersigned agrees that the operation of a salon such as Allure Spa & Salon., may present various health risks to its workers and patrons. The following waiver is understood and agreed to by the undersigned, in exchange for the opportunity to remain upon or within the premises of and/or receive services from Allure Spa & Salon owners, managers, and all other employees (check each box):

I agree there are potential health risks at this location, such as the possibility of contracting Covid-19;

I waive any and all legal claims of every kind that I could bring against Allure Spa & Salon., it's owners, managers, and all other employees with respect to any and all damages, harms, or losses caused by or related to the coronavirus (Covid-19).

Any action brought by me regarding the subject of this waiver, or the waiver itself, is agreed to be subject to binding arbitration according to the rules of the American Arbitration Association®, and venue for such dispute shall be exclusively within Mahoning County Ohio and shall apply Ohio law. No other prior or contemporaneous oral or written statements or representations of any kind are made a part of this waiver.

Signature _____ Date _____