

D'Bella Salon Client Advisory and Acknowledgment Receiving Hair and Beauty Services during COVID-19 Pandemic

PLEASE ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS:

	YES	NO
Are you currently awaiting the results of a COVID-19 test?		
Did you take your temperature last night? What is your temperature? -----		
May we take your temperature before we start your service? Current temperature: -----		
Do you have any shortness of breath?		
Do you have a dry cough?		
Do you have a runny nose?		
Do you have a sore throat?		
Do you have sneezing, watery eyes, and/or sinus pain/pressure that is unusual and not related to seasonal allergies?		
Have you experienced headaches, fatigue, or weakness?		
Have you lost your sense of taste and/or smell?		
Within the last 14 days, have you travelled to a foreign country?		
Within the last 14 days, have you travelled within the United States? If so, where? -----		

D'Bella Salon complies with State Health Department and the CDC infection control guidelines to prevent the spread of the COVID-19 virus; however, we cannot make any guarantees. Our team is screened daily and, to the best of their knowledge have not been exposed to the virus. We are a place of public accommodation, other persons (including other clients) could be infected, with or without their knowledge. I hereby knowingly and willingly consent to have hair and beauty services completed at this time. I will hold harmless and indemnify, the artist, D'Bella Salon, owner, associates, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors, against any claims, and actions, in exchange for hair and beauty services performed during the events of COVID-19 National Emergency. I make this decision of my own free will relying upon my knowledge and judgement of any injury I may have sustained or possible transmission of COVID-19 during services and my decision to release has not been affected by any false statements or representation pertaining to those injuries. I have read carefully this release and understand its contents, and I am signing it of my own free act.

Client Name: _____

Client Signature: _____

Date: _____