

Precautionary COVID-19 Liability Release Form

Due to the 2019-2020 outbreak of the novel Coronavirus COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include:

Fever

FatigueDry coughDifficulty breathing	
,	agree to 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.	
\blacksquare I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the ast 30 days.	
☐ I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.	
☐ I affirm that I, as well as all household members, have outside of our town that is or has been considered a "hot 30 days.	
☐ I understand that J&F Gemelli Salons and my Stylist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.	
By signing below, I agree to each above statement and release J&F Gemelli Salons and my Stylist from any and all liability for the unintentional exposure or harm due to COVID-19.	
&F Gemelli Salons and all the employees and Stylists within the facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.	
Signature:	Date: