

CLIENT INFORMED CONSENT, COVID-19 PANDEMIC

I _____ (print name) understand that I am opting for a service that is not urgent and not medically necessary. As such, Éli Alexander Salon is required to confirm my consent.

I also understand that the corona virus disease (COVID-19) has been declared a worldwide pandemic by the World Health Organization. I further understand COVID-19 is extremely contagious. State and federal health agencies recommend social distancing.

I recognize that Éli Alexander Salon, it's independent stylists, and the staff are closely monitoring this situation and have put in place reasonable preventative measures targeted to reduce the spread of the virus. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 if I proceed with this elective service.

Accordingly I acknowledge and assume the risk of becoming infected with COVID-19, and any variation or mutation thereof, through this elective service and I gave my express permission for the salon to proceed with the same. This consent applies to any follow up or additional services in the upcoming months.

I understand that even if I have been tested for COVID-19 and received a negative test result, the tests may not have detected the virus or I may have contracted COVID-19 after the test. I will not hold this business and the professionals offering services responsible for any liability related to COVID-19 and any variation or mutation thereof.

I understand that exposure to COVID-19 before, during, or after my services may result in complications and/or delayed healing. I also recognize that senior and those with underlying medical concerns are advised to reconsider their appointment.

I have been given the option to defer my service to a later date. However, I understand all the risks including those noted herein and I would like to proceed with this service. I have been offered a copy of this consent form.

Please initial

_____ I have not tested positive within the last 14 days.

_____ I have not been exposed within the last 14 days

_____ I have not travelled out of state or abroad within the last 14 days

_____ I have no symptoms such as cough, fever, difficulty breathing, chills, muscle pain, loss of taste or smell, headache, sore throat, runny nose, nausea or diarrhea.

Temperature Today: _____

I understand the explanation and acknowledge that both this consent to the procedure and/or my entering the salon represent my agreement.

Client Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

Print Stylist/Provider Name: _____