

FACIAL COVID-19 LIABILITY WAIVER FORM

THIS FORM MUST FILLED AND SIGNED BEFORE TREATMENT

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person to person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which [**AZ Med SPA**] adhere to comply.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

- I agree to the following.
- I, nor members of my household, have not experienced any of the symptoms listed above within the last 14 days.
- I, nor members of my household, have not travelled internationally in the last 30 days.
- I, nor members of my household, do not believe that we have been exposed to someone with a suspected or confirmed case of the Coronavirus (COVID-19).
- I, nor members of my household, have not been diagnosed with the Coronavirus (COVID-19) within the last 30 days.
- The venue cannot be held liable from any exposure to the Coronavirus (COVID-19) caused by misinformation on this form or the health history provided by each client.
- I understand that - due to the frequency of visits of other clients, the characteristics of the COVID-19 virus, I have an elevated risk of contracting the COVID-19 virus simply by being in the office.

To prevent the spread of the contagious virus and to help protect each other, I understand that I must follow the establishment's guidelines:

- Reschedule appointment if you are feeling unwell;
- No additional guest is allowed;
- Wearing a mask is required upon arrival and during the entire procedure;
- Wash hands upon arrival;
- Limit conversation on during the procedure.

By signing below, I agree to each above statement and release the venue and its employees from any and all liability for the unintentional exposure or harm due to Covid-19 and other communicable conditions.

Client Name (Printed)

Client Signature

Date