



\_\_\_\_\_ and its associates are taking extra precautions during this time due to the Novel Coronavirus (COVID-19). We are taking these extra precautions to ensure the safety and health of each client and also the business. This is a release of liability form.

If you have had any of the below symptoms in the last 14 days, please speak with your lash extension professional for further instructions:

- Sore Throat
- Dry Cough
- High Fever
- Frequent Headaches
- Increased Body Aches

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- ☐ I confirm that I have not been diagnosed with COVID-19 or have had any of the above COVID-19 symptoms in the past 14 days.
  - ☐ I have not traveled outside of the state or out of the country in the last 14 days.
  - ☐ I have not come into contact with any person displaying any of the COVID-19 symptoms above.
  - ☐ I confirm that all household members have not been diagnosed with COVID-19 or have not had any of the above COVID-19 symptoms in the past 14 days.
  - ☐ I confirm that all household members have not traveled outside of the state or out of the country in the last 14 days.
  - ☐ I understand that \_\_\_\_\_ and my eyelash technician will not be held liable for any exposure to the virus or any other illness caused by misinformation on this form provided by each client.
  - ☐ I agree to not hold \_\_\_\_\_ or its associates liable if I do contract COVID-19 or any other contagion, as I have decided to receive services on my own free will.

\_\_\_\_\_ and all employees agree that they have increased and improved all safety and sanitary protocols to prevent the spread of COVID-19 and other communicable conditions. We also understand and abide by the standards above.

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Client Signature \_\_\_\_\_ Date:    /    /