

COVID-19 LIABILITY RELEASE WAIVER



Pink Moon
WAXING • SKINCARE • LASHES • MASSAGE

Due to the outbreak of the novel Coronavirus (COVID-19), Pink Moon is taking extra precautions with the care of every client, including a health history review and enhanced sanitation/disinfection procedures in accordance with the Oregon Health Authority, Board of Cosmetology.

Pink Moon is following these enhanced procedures to prevent the spread of the COVID-19 virus:

- Prepayment for services if clients prefer contactless checkout
- Additional time between appointments to prevent client contact with each other
- Guests are discouraged from accompanying scheduled clients, except for those with ambulatory special needs
- Each client is required to wash hands upon arrival and before leaving
- Esthetician will wear a clean cloth mask and an apron for each client and will thoroughly clean hands and wear sterile gloves during all treatments
- All product bottles used during services will be placed on a trolley for disinfection and disposable items will be used when possible
- All tools and surfaces will be wiped thoroughly with hospital grade disinfectant according to manufacturer's directions before and after each client

Symptoms of the COVID-19 virus include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing

Please initial:

_____ I understand the symptoms above and affirm that I, as well as all my household members, do not currently have these symptoms, nor have experienced them **within the last 14 days.**

_____ I affirm that I, as well as all my household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections **within the last 14 days.**

_____ I understand that Jane Sullivan and Pink Moon cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client

By signing below, I agree to each statement above and release Jane Sullivan and Pink Moon from all liability for the unintentional exposure or harm due to COVID-19. Jane Sullivan agrees to abide by these standards and affirms the same.

Client Name _____ Signature _____ Date _____