haven
SPA & BEAUTY

Precautionary Coronavirus Liability Release Form

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

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Chills
- Nausea or vomiting
- Diarrhea
- Confusion
- New widespread muscle pain
- Headaches
- Red or purple toes
- Loss of taste & smell
- Bruising, redness, swelling, or cramping in lower legs and feet

I (client) 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.
- ☐ I affirm that I, as well as all household members, have not been diagnosed with COVID- 19 within the last 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 not traveled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.
- ☐ I understand that this business and my therapist/beautician 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 the therapist/beautician and business from any and all liability for the unintentional exposure or harm due to COVID-19.

Your therapist/beautician and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitization protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Client Name _____

Client Email _____ Client Telephone Number_____

Client Signature _____ Date _____

Therapist/Beautician Name _____

Therapist/Beautician Signature _____ Date _____

Please note that Haven Spa & Beauty are obliged to provide the NHS track and trace details in this form if needed.