



SALONSPA

COVID-19 SERVICE AGREEMENT

Client Name

First Name: _____ Last Name: _____

Salon Location:

- | | |
|--|--|
| <input type="radio"/> Downtown Minneapolis | <input type="radio"/> St Paul |
| <input type="radio"/> Edina | <input type="radio"/> Tempe |
| <input type="radio"/> Intoto | <input type="radio"/> Uptown Minneapolis |
| <input type="radio"/> Palo Alto | <input type="radio"/> Wayzata |
| <input type="radio"/> Roseville | <input type="radio"/> Woodbury |
| <input type="radio"/> Scottsdale | |

I am 18 years of age or older.

- I Agree I Do Not Agree

Parent or Guardian Name, if client is under 18:

First Name: _____ Last Name: _____

I am currently experiencing acute lower respiratory illness (cough, shortness of breath), sore throat, muscle aches, headache, or fever.

- I Am / Have I Am Not / Have Not

CLOSE CONTACT IS DEFINED AS:

- *Being within approximately 6 feet of a COVID-19 case*
- *Close contact can occur when caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case.*
- *Having direct contact with infectious secretions of the COVID-19 case (e.g. being coughed on)*

I have/have not been in close contact with any person diagnosed (either confirmed by testing or given a presumptive diagnosis) with the COVID-19 virus within the last 14 days.

- I Have I Have Not

I have not been in close contact with any person that has had a fever, cough, sore throat, muscle aches, shortness of breath, or headache within the last 14 days.

I Am / Have

I Am Not / Have Not

If you are a health care worker in contact with COVID-19 patients, please contact your salon directly before your appointment.

I understand that in order to receive a salon service, I must agree to have my temperature taken, wear a face mask, sanitize my hands upon arrival, and comply with social distancing protocols put forth by the salon. I understand that I will be asked to leave if I refuse to comply with these requirements.

I Agree

I Do Not Agree

I understand that JUUT SALON SPA reserves the right to turn away any client that visibly presents symptoms as described above or that has declined to answer any of the above questions or who has provided an answer that indicates that they could possibly put others at risk. I understand that I will be asked to leave if I refuse to adhere to the distancing and mask requirements outlined above.

I Agree

I Do Not Agree

**RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE,
INDEMNIFICATION, HOLD HARMLESS, LIMITATION OF WARRANTY**

We all know that these are uncertain times. The risks of COVID-19 are not well understood and there is uncertainty among the experts on how the virus can spread and difficultly in scientifically determining whether anyone has the virus at any moment in time.

In consideration for receiving salon services, by signing below you agree to accept all responsibility for the risk that you may contract COVID-19. While we are taking your safety and that of our staff very seriously, by employing new safety and sanitation initiatives, we cannot guarantee that any of these measures will completely protect you from contracting COVID-19.

NOW THEREFORE, in consideration for receiving salon services, I agree that should I contract COVID-19, I agree to indemnify and hold JUUT SALON SPA, its officers, agents, servants, employees, and landowners and their successors and assigns harmless from any and all claims for damages should I contract COVID-19 as a result of receiving salon services at JUUT SALON SPA.

I further agree that I will not file, nor cause to be filed, nor participate in any lawsuit against JUUT SALON SPA, its agents, servants, employees and any other person who may be in any way connected with salon services at JUUT SALON SPA, including but not limited to owners of JUUT SALON SPA, the staff with whom I am receiving services, their employees and agents for injuries and/or death as a result of contracting COVID-19.

I agree that if I take any steps to make a claim for damages against JUUT SALON SPA, its agents, employees or any other released parties arising out of my receipt of salon services during my visit to JUUT SALON SPA'S facilities, I shall be obligated to pay all attorneys' fees and costs incurred as a result of such claim.

I acknowledge that I can go elsewhere to receive salon services, and I acknowledge that JUUT SALON SPA is not the only salon where I can receive salon services. By signing this Agreement, I acknowledge that I have freely chosen to receive salon services at JUUT SALON SPA with full knowledge and understanding of the terms of this Agreement.

In addition, I agree that if any dispute or claim relating in any way to the services provided by JUUT SALON SPA pursuant to the terms of this agreement will be resolved by binding, individual arbitration, rather than in court. I agree that arbitration shall be governed by the Federal Arbitration Act (FAA), including its procedural provisions, in all respects.

I HAVE READ AND UNDERSTAND THIS WAIVER AND I ATTEST THAT THE INFORMATION I AM PROVIDING IS TRUE AND HONEST TO THE BEST OF MY KNOWLEDGE.

I Agree

I Do Not Agree