



SALONSPA

COVID-19 SERVICE AGREEMENT

Client Information

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Salon Location:

Palo Alto

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: _____

Phone Number: _____ Email: _____

Are you currently experiencing acute lower respiratory illness (cough, shortness of breath), sore throat, nausea, vomiting, diarrhea, tiredness, chills, fever, muscle / body aches, headache, confusion, or loss of taste / smell?

I am

I am not

Have you tested positive for COVID-19 in the past 14 days?

I have

I 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)*

Have you 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

Have you 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 have

I 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

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

_____ (“Client”) is either an existing or potential customer of _____ (“Salon”). Client seeks to obtain hair, nail, and / or massage services from the Salon. Salon and Client both acknowledge that, given the COVID-19 health pandemic, the Client may be at risk for contracting the disease as a result of visiting the Salon and interacting with Salon employees and customers even though the Salon has taken reasonable steps to comply with all applicable local and State rules regarding the re-opening and operation of its business. Despite such risks, Client nonetheless wishes to obtain services from the Salon and, by entering into this Agreement, agrees to waive any all claims against the Salon to the fullest extent permitted by law.

As an inducement to the Salon to provide the requested services, Client understands and agrees that the Salon shall not be responsible for any claims, damages, costs, or losses arising from, caused by, or in any way related to any claim by Client that he or she contracted COVID-19 from obtaining services at the Salon.

Client HEREBY ASSUMES ALL OF THE RISKS OF OBTAINING SERVICES AT THE SALON, including, by way of example and not limitation, any risks that may arise from alleged negligence or alleged carelessness on the part of the Salon, its owners, employees, and/or agents in the provision of the services to the Client and/or from property owned, maintained, or controlled by them, or because of their possible liability. Client also hereby WAIVES, RELEASES, AND DISCHARGES from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for Client's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to Client as a result of Client obtaining services from the Salon. Client acknowledges that this Waiver of Liability and Hold Harmless Agreement will be used by the Salon to defend itself in response to any claim that Client might bring.

This Agreement will be governed by and construed in accordance with the laws of the State of California. The Parties further consent to personal jurisdiction in Santa Clara County, California and agree that any dispute between them arising out of this Agreement shall be venued in Santa Clara County, California.

Entered into and agreed as of this _____ day of _____, 2020 by and between the Parties:

Client: _____

Date: _____