



AMY'S SALON AND SPA
experience natural beauty
AVEDA CONCEPT SALON

GUEST LIABILITY RELEASE

In the past 14 days, have you?

1. Had any symptoms of: Cold ___ Cough ___ Flu ___ Fever ___
2. Been exposed to (to your knowledge) or quarantined with anyone experiencing the above symptoms?
Yes ___ No ___ If Yes, Please Explain: _____

By signing below, I acknowledge that I have answered the above questions honestly and have been forthcoming.

Client Name: _____

Date: _____

Client Signature: _____

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

We all know these are uncertain times and the risks of COVID-19 are consistently being updated.

In consideration of providing all 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 the safety of our staff very seriously, by employing all recommendations from the CDC, on safety and sanitation initiatives, we cannot guarantee that any of these measures will completely protect you from contracting COVID-19.

I agree that I will not seek to make a claim for damages against "Amy's Salon and Spa, its agents, employees, or any other released parties" that may arise from any services received during my visit to Amy's Salon and Spa.

If I were to file a claim, I shall be obligated to pay all attorney fees and costs incurred, as a result of such a claim.

I acknowledge I can go elsewhere to get any/all services, and I acknowledge that Amy's Salon and Spa is not the only salon and spa where I can have hair and spa services provided. By signing this agreement, I acknowledge that I am free to go to another salon, who may not require my agreement to accept responsibility if contracted with COVID-19 and by my own free will, I am choosing to have services provided by Amy's Salon and Spa.

AMY'S SALON AND SPA RESERVES THE RIGHT TO TURN AWAY ANY GUEST THAT MAY VISIBLY PRESENT WITH SYMPTOMS, AS DESCRIBED ABOVE OR WHO DOES NOT AGREE TO ANY STATEMENT ABOVE.

Client Name: _____

Date: _____

Client Signature: _____