**Meraki Esthetics (Inside Goddess Salon & Day Spa)**

**Covid-19 Pandemic Salon Consent Form**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, knowingly and willingly consent to salon services at Goddess Salon & Day Spa during the Covid19 Pandemic.

I understand that the Covid-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits to virus testing\_\_\_\_\_\_ (initial)

I understand that due to the frequency of visits of other clients, the characteristics of the virus and the services I have chosen will cause an elevated risk of contracting the virus simply by being in the salon. \_\_\_\_\_\_\_\_ (initial)

I confirm that I am not presenting any of the following symptoms of Covid-19

\*Fever

\*Shortness of breath

\*Loss of appetite

\*Dry Cough

\*Sore Throat

\_\_\_\_\_\_\_\_\_\_\_\_ (initial)

To prevent the spread of the virus and help protect each other, I understand that I will have to follow strict salon guidelines.\_\_\_\_\_\_\_\_\_ (initial)

I verify that **I have** or **have not** (circle one) traveled outside of the US in the past 14 days.\_\_\_\_\_\_ (initial) I verify that **I have** or **have not** (circle one) traveled domestically within the US by airline, bus, or train in the last 14 days.\_\_\_\_\_\_\_\_ (initial)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_