Glo Skincare & Nail Salon

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), Glo Skincare & Nail Salon is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC, State, and County guidance.

Symptoms of COVID-19 include:

* Fever
* Fatigue
* Dry Cough
* Difficulty Breathing

I 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 past 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 past 30 days.
* I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.
* I understand that Glo Skincare & Nail Salon cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

Our business is following these enhanced procedures to prevent the spread of COVID-19:

* Disinfecting before and after each client.
* Provider and Client washing hands before each treatment and wearing mask at all times.
* Provider will let Client waiting outside or in car know when he/she can come into salon.
* No walk in’s at this time. Appointments only to enter salon.

By signing below, I agree to each statement above and release Glo Skincare & Nail Salon from any and all liability for unintentional exposure or harm due to COVID-19.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_