

Precautionary COVID-19 Liability Release Form

Please complete the following and sign below.

All tools, stations and equipment will be sanitized and/or disinfected between each client. New capes will be given to each client. Stylist will follow proper hand washing protocols between each client. We will Temporarily suspend all complimentary services; NO scalp massage, No beverages, No blow-drying, No samples.

Bruja Salon requires **all** individuals to utilize approved masks, either surgical masks or improvised masks such as scarves, bandannas, and handkerchiefs to reduce the risk of exposure to yourself and others. It is also required of everyone to either wash or sanitize their hands upon arrival of your appointment, after using the restroom, sneezing, or coughing.

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 knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days, this includes recent protests.
- I affirm that I, as well as all household members, have not traveled outside the US, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.
- I understand that Bruja Hair Salon LLC and my Stylist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below I agree to each above statement and release Bruja Hair Salon LLC and my Stylist from any and all liability for the unintentional exposure or harm due to COVID-19.

Bruja Hair Salon LLC and Independent leasers within the facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature: _____ **Date of Service *** ____/____/____