

Precautionary COVID-19

Liability Release Form

Due to the 2019-2020 Pandemic of the Novel Coronavirus (COVID-19), we are taking Extra Precautions with the Intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

Common Symptoms of COVID-19 may include (but not limited to):

Dry Cough	Some May Also Experience:
Fatigue/ Tiredness	Sore Throat
Fever	Body Aches/ Pain
Shortness of Breath	Headache

I, _____ Agree to the following:

_____ I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.

_____ I understand the above symptoms and affirm that I, as well as all the 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 traveled outside the country, 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 this business and artist cannot be held liable for any exposure to the virus or any other contagion cause by misinformation on this form or the health history provided by each client. Furthermore I agree to not hold Cristal Walker or Cristal Walker Beauty LLC if i do contract COVID-19 or any other contagion as i have decided to come here on my own free will for my elective service.

By signing below i agree to each above statement and release Cristal Walker and Cristal Walker LLC from any and all liability for the unintentional exposure or harm due to COVID-19.

Signature: _____ Date: _____