



Client Waiver

Please read and sign the following waiver statement prior to the start of your service

Name _____ Date _____ Appointment Time _____

I, _____ have not been in quarantine within the last 14 days due to COVID-19 symptoms or illness and I am not showing symptoms today. Additionally,

- I do not have a cough
- I do not have a fever
- I have not been around anyone exhibiting these symptoms within the past 14 days
- I am not living with anyone who is sick or quarantined
- If I start to show symptoms for COVID-19 within 7 days I will contact my stylist.

Signature _____

Date _____

Stylist Only

Stylist performing service: _____

Date of service: _____

Arrival time: _____

Departure time: _____

Service performed: _____