



INFORMED CONSENT – COVID-19 PANDEMIC

By submitting the form below you knowingly and willingly consent to having a service done at ViBeauti Bar during the COVID-19 pandemic.

We reserve the right to refuse service if this form is not submitted.

Thank you.

First name:

Last name:

I understand the COVID-19 virus has a 14-30 day incubation period during which carriers of the virus may not show symptoms and still be highly contagious.

Initials:

I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of services, that I have an elevated risk of contracting the virus simply by being in the salon.

Initials:

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Temperature above 98.7 degrees
- Shortness of breath
 - Dry cough
 - Sore Throat

Initials:

I confirm that I have not been around anyone with these symptoms in the past 30 days.

I do not live with anyone who is sick or quarantined.

Initials:

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the salon's strict guidelines.

Initials:

I verify that I have not traveled on an airplane in the past 30 days.

Initials:

Signature: _____

DATE: [MMDDYY] / /

By signing your name, this verifies that you read through & fully agree to our safety policies.

Thank you,
ViBeauti Team