

Waiver and Release of Liability
COVID-19

The World Health Organization declared the rapidly spreading coronavirus outbreak a pandemic. COVID-19 is a highly contagious virus that necessitates more stringent precautionary measures to take effect. The California Department of Public Health has identified critical infrastructure sectors that are considered “essential services.” These “essential services” may continue to work while practicing recommended social distancing guidelines such as: keeping a safe distance of six feet apart from others and avoiding groups, crowds, or mass gatherings.

Escape Hair Salon, Inc. has put in place preventative measures to reduce the spread of COVID-19; however, Escape Hair Salon, Inc. cannot guarantee that you will not become infected with COVID-19. Escape Hair Salon, Inc. commits to maintain a healthy business operation by providing a sanitary environment, increasing physical space when available, requiring sick employees to stay at home, and other supportive practices.

By signing this agreement, I _____ acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending Escape Hair Salon, Inc. and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Escape Hair Salon, Inc. may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Escape Hair Salon, Inc., employees, or other staff.

I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance (“Claims”). I hereby release, covenant not to sue, discharge, and hold harmless Escape Hair Salon, Inc. and its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on actions, omissions, or negligence of Escape Hair Salon, Inc., whether a COVID-19 infection occurs before, during, or after visiting Escape Hair Salon, Inc.

I AFFIRM THAT I HAVE NOT SUFFERED ANY “FLU-LIKE” SYMPTOMS IN THE PAST FIVE (5) DAYS NOR HAVE I KNOWINGLY COME IN CONTACT WITH ANYONE DIAGNOSED WITH COVID-19 IN THE PAST THIRTY (30) DAYS. _____ (Initial)

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Print Name

Signature

Date

Parent/Legal Guardian (if person is under 18 years old or subject to guardianship)

Print Name

Signature

Date