

### COVID-19 Information & Liability Waiver

To be completed at each appointment, prior to entering the facial room.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#### COVID-19 Information

1. Have you had a fever in the last 24 hours of 100°F or above? Yes  No
2. Do you now, or have you recently had, any respiratory or flu symptoms, including sore throat, cough, or shortness of breath? Yes  No
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19, has been tested for COVID-19, or has coronavirus or flu-like symptoms? Yes  No

X\_\_\_\_\_ COVID-19 is a highly contagious virus that spreads from person to person. In addition to long-held and explicit sanitation measures this business has always adhered to, new preventative measures have been put in place to further reduce the spread of this novel coronavirus. However, these best practices still offer no guarantee regarding your potential risk of being infected.

#### Consent for Treatment

X\_\_\_\_\_ I understand that, because esthetics involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19.

X\_\_\_\_\_ By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless Moana Beauty LLC dba Diana O'Donnell Skin Care and Diana O'Donnell from any claims related thereto. I give my consent to receive treatment from Moana Beauty LLC dba Diana O'Donnell Skin Care and Diana O'Donnell.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature (*in case of a minor*): \_\_\_\_\_ Date \_\_\_\_\_