



I, \_\_\_\_\_, knowingly and willingly consent to eyelash extension services during the COVID-19 pandemic. I agree to indemnify and hold harmless the owner, professionals and Lalique Lashes LLC from any and all claims, actions, expenses, damages and liabilities as a result of having this eyelash extension application procedure performed.

\_\_\_\_\_ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I understand that it is impossible to determine who has it and who does not, given the current limits in virus testing.

\_\_\_\_\_ I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the eyelash extension application process, that I have an elevated risk of contracting the virus simply by being in the salon.

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

- Temperature above 100.4 degrees /feverish/chills
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore Throat
- New Muscle aches or Headaches

\_\_\_\_\_ I confirm that I have not been around anyone with these symptoms shown above within the past 14 days.

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

\_\_\_\_\_ 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.

\_\_\_\_\_ I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I also understand that the CDC, OSHA and Mn Board of Cosmetology recommend social distancing of at least 6 feet.

\_\_\_\_\_ I verify that I have NOT traveled outside of the United States to countries that have been affected by COVID-19 and have NOT traveled domestically within the United States by commercial airline, bus, or train within the past 14 days

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_