

## COVID-19 LIABILITY RELEASE WAIVER

\*\*\*\* SIGNATURE IS REQUIRED DURING CHECK IN \*\*\*\*

Due to the outbreak of the Coronavirus (COVID-19), MKP Waxing Salon is taking all precautionary measures to protect our clients, our community and our personnel. MKP Waxing Salon is following the Center of Disease Control (CDC) with regard to social distancing practices and sanitation. MKP asks that all of our clients disclose their health history and continue to implement sanitation and disinfection procedures.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

As a client of MKP, to receive services I agree to the following:

- 🍏 I, nor members of my household, have not experience any of the above listed symptoms within the past 14 days.
- 🍏 I, nor members of my household, have not traveled internationally in the last 30 days.
- 🍏 I, nor members of my household, do not believe we have been exposed to someone suspected or a confirmed case of COVID-19.
- 🍏 I, nor member of my household, have not been diagnosed with COVID-19 in the last 30-days.
- 🍏 MKP cannot be held liable from any exposure to COVID-19 caused by misinformation on this form or the health history provided by each client.
- 🍏 Should I receive a positive diagnosis of COVID-19 within 14-days of receiving service from MKP Waxing Salon, I will contact MKP Waxing and provide the date of my visit and the name of my waxing artist.
- 🍏 If I take any steps to make a claim for damages against MKP Waxing Salon, its agents, employees or any other released parties, I shall be obligated to pay all attorney's fees and costs incurred because of such claim.

By signing this form, I acknowledge and agree to all statements provided above and accept full risk to receive services from MKP Waxing Salon.

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Name (Full Name)

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Date

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Waxing Artist Name