



***COVID-19  
Information & Liability Waiver***

I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, GI upset, muscle pain, headache, sore throat, or new loss of taste or smell.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 nor am I living with someone who is infected or quarantined.
- I am following travel guidelines and getting required tests and testing negative and/or following current quarantine requirements before booking my appointment.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I understand and consent to the following guidelines required by Grace+Clay:

- I agree to wait in my car until my practitioner tells me it is safe to come inside.
- I agree to have my temperature taken with a touchless thermometer.
- Unless I am medically unable to, I agree to wear a mask and understand if I refuse to wear a mask, I can be refused service.
- I understand no guests are allowed.
- I understand if I am unwell, I will cancel my appointment with 24 hours notice and will not incur any fees. FAILURE TO GIVE 24-HOURS notice will result in cancellation fees.
- I understand Grace+Clay is following proper sanitation and disinfection protocol: using an EPA approved germicidal disinfectant; cleaning and disinfecting treatment room between each client, which includes implements, surfaces and linens; handwashing; providing hand sanitizer to client; practitioner is wearing a mask and face shield .

CONSENT FOR TREATMENT: 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. By signing this form, I acknowledge I am aware of the risks involved from receiving treatment at this time and I voluntarily agree to assume those risks and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_