

Due to the 2019-2020 Pandemic of the Novel Coronavirus (COVID-19), I am taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices.

Please complete the following and sign below:

Common symptoms of COVID-19 may include (by not limited to):

- | | |
|-----------------------|---------------------------|
| * Dry cough | Some may also experience: |
| * Fatigue/tiredness | * Sore throat |
| * Fever | * Body aches/pain |
| * Shortness of breath | * Headache |

I _____ agree to the following:

- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 50 days.
- I understand the above symptoms and affirm that I, as well as all household members, do not currently have nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not travelled outside of the country, interstate, to any city outside of our own that is or has been considered a 'hot spot' for COVID-19 infections within the last 50 days.
- I affirm that I, as well as all household members, have not participated in protests or been in large groups/crowds eg sporting events in the last 14 days.
- I understand that A TOUCH OF PINK BEAUTY and its employees cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.
- Furthermore, I agree not to hold A TOUCH OF PINK BEAUTY or its associates liable if I do contract COVID-19 or any other contagion as I have decided to come here on my own free will.

By signing below, I agree to each above statements and release Louise Di Trapani and A TOUCH OF PINK BEAUTY from any liability for the unintentional exposure or harm due to COVID-19.

A TOUCH OF PINK BEAUTY agrees that they abide by these same standards and affirm the same. We have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature: _____ Date: __/__/__