
Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. **Rose's In Your Hair** cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing **Rose's In Your Hair** services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize **Rose's In Your Hair** services and/or enter onto **Rose's In Your Hair** premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize **Rose's In Your Hair** services and enter **11 Lower Center Street** premises. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize **Rose's In Your Hair** services and premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against **Rose's In Your Hair** and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing **Rose's In Your Hair** services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of New Jersey will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature:

Date:

Name (printed):

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature :

Date:

Name (printed):

Roses In Your Hair

908-735-7075

11 Lower Center Street

Clinton, NJ 08809

CLIENT HEALTH QUESTIONNAIRE

Prior to the start of my Service ,I Confirm that:

I have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks.

I have not shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the past two weeks.

I have not traveled outside of my immediate daily routine for the past two weeks.

I do not have a cough , fever , chills , shortness of breath , or loss of taste or smell

If I begin to show symptoms of COVID-19 within the next two weeks , I will contact my stylist.

I will follow all posted salon rules to keep myself , my stylist and those around me safe.

Signature _____

TEMP _____

Print _____

Address

Phone Number

Date / / 2020
