

## BEUMAC HAIR/BEAUTY/ACADEMY AND SKIN SALON

### COVID 19 WAIVER FORM

**First Name :**

**Last Name :**

**Address :**

**Email :**

**Mobile Number:**

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. It is impossible to determine who has it and who does not, given the current limits in virus testing.

AGREE  DISAGREE

I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.  AGREE  DISAGREE

I have not travelled internationally within the last 14 days. I have not travelled to a highly impacted area within the UK in the last 14 days. I do not believe I have been exposed to someone with a suspected and/or confirmed case of the

Coronavirus/COVID-19.  AGREE  DISAGREE

I am following all Public Health England recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.  AGREE  DISAGREE

I hereby release and agree to hold Beaumac harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from Beaumac. I understand that this release discharges Beaumac from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Beaumac. This liability waiver and release extends to the salon together with all owners, partners, and employees.

AGREE  DISAGREE

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.  AGREE   
DISAGREE

**Date :**

Please type your full name below. By typing and submitting, this serves as a Digital Signature and verifies that you fully agree to our safety policy for our services. This digital signature holds the same authority as a handwritten one.

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