



COVID – 19 WAIVER

I, _____ (Full Name) have agreed to receive a salon service from K. B. Hair Designs on _____ (Date). I understand that before any service may be performed, I agree to the following:

- To cancel/reschedule my appointment if I am not feeling well for any reason, or if I have been exposed to anyone that has tested positive to the coronavirus in the past 14 days, or if I have any reason to believe that I have or have had the coronavirus within the last 14 days.
- To allow the cancellation/rescheduling of my appointment if I exhibit any sickness, including but not limited to fever, coughing, or any symptom that may imply illness
- To wear PPE including a mask and gloves while in the salon.
- To agree to waive and not pursue any claim against Kia Blain and K. B. Hair Designs should I experience any coronavirus symptoms or test positive for coronavirus after receiving service from the salon.

Signature: _____

Date: _____

Stylist: _____