

COVID-19 LIABILITY WAIVER

Your Name:	
Your Telephone Number:	
Your Email Address:	
Karline's Salon and Spa is o	doing everything we can to protect you, our client, our community and our staff. To this
extent, we will be follow	ing the CDC and local health department guidelines with regard to social distancing
practices and sanitation	in order to reduce the spread of COVID-19. This will require our staff to maintain
appropriate distance betw	veen ourselves and you, the client, as much as possible in our salon setting. Only the
person receiving the service	ce will be allowed in the salon.
All tools, stations and equ	uipment will be sanitized and/or disinfected between each client. Staff will have their
•	and will follow proper hand washing protocols between each client.
temperatures taken daily t	and will follow proper flatid washing protocols between each electi.
Karline's Salon and Spa re	quires all individuals to utilize approved masks. It is also required of everyone to either
wash or sanitize their hand	ds upon arrival of your appointment, after using the restroom, sneezing, or coughing.
By accepting these terms	and conditions below, you agree to comply with the written instructions above and
agree that you are at the	salon at your own risk, releasing Karline's Salon and Spa from any liability relating to
COVID-19. Failure to com	ply with these written instructions or verbal instructions from staff may result in your
removal from the premise	S.
Agreed and Accepted by:	
Your Signature:	
Today's Date:	

2020-07KSSCV19