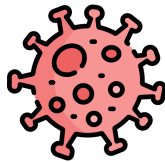


# Bella Donna Skin Studio

## CORONA-VIRUS 19 LIABILITY WAIVER



Every precaution has been put in place to ensure your safety and that of our team in accordance with the state and county guidelines, regulations and best practices. We are taking extra precautions with the following health screening for every client prior to their appointment.



PLEASE COMPLETE THE FOLLOWING  
AND SIGN BELOW:

1. I have not been diagnosed with COVID-19 or sick and quarantined during the last 14 days. YES \_\_\_\_\_ NO \_\_\_\_\_
2. I did not have contact with anyone diagnosed with COVID-19 or who was sick and quarantined during the last 14 days. YES \_\_\_\_\_ NO \_\_\_\_\_
3. I did not experience symptoms including cough, fever, chills, recent loss of taste or smell, muscle pain, sore throat, or shortness of breath in the last 14 days. YES \_\_\_\_\_ NO \_\_\_\_\_
4. I do not presently have a fever or temperature above 98.6 F. YES \_\_\_\_\_ NO \_\_\_\_\_
5. I have not traveled outside the country or domestically to any city identified as a “hot spot” for COVID-19 infections in the last 14 days. YES \_\_\_\_\_ NO \_\_\_\_\_

By signing this declaration, the undersigned acknowledges that there is still a risk of COVID-19 contamination, despite compliance with and implementation of the relevant hygiene regulations and relevant protection concepts in the context of cosmetic treatment. Against this background, the cosmetic treatment is expressly carried out at the request and risk of the undersigned. Any responsibility of the service provider or persons for which the cosmetics service provider is responsible is excluded to the extent permitted by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Skin Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_