

Precautionary COVID-19 Liability Release Form

Due to the 2019-2020 outbreak of the novel Coronavirus COVID-19, we are taking extra precautions with the intake of each guest, health history review, as well as sanitation and disinfecting practices.

Please complete the following and sign below.

Symptoms of COVID-19 include but are not limited to:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- I (as well as all household members) **have not** been diagnosed with COVID-19 within the last 30 days.
- I (as well as all household members) **have not** knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I (as well as all household members) **have not** knowingly been exposed to large groups within the last 14 days
- I (as well as all household members) **have not** traveled by plane anywhere outside of the Big Island of Hawaii in the last 14 days. If so, please list return date and from where

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- I (as well as all household members) **have not** travelled by plane to the Big Island in the last 14 days.
 - If I have: Since my arrival, I have done a 14 day quarantine. If no, please show verification of FDA – approved Covid test that is taken after arrival to the Big Island.

_____ I agree to the following and understand the above symptoms and affirm that I (as well as all household members) do not currently have, nor have experienced the symptoms listed above within the last 14 days and I understand that Kalona Salon & Spa and my Stylist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client. By signing below I agree to each above statement and release Kalona Salon & Spa and my Stylist from any and all liability for the unintentional exposure or harm due to COVID-19. Kalona Salon & Spa, all the employees and Independent Stylists within the facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Print Name: _____ Signature: _____ Date: _____