



# INFORMED CONSENT FOR SALON AND SPA SERVICES DURING CORONAVIRUS (COVID-19) PANDEMIC

Aviary is following the Georgia State Board of Cosmetologists and Barbers’ safety and sanitation guidelines for reopening salons, in conjunction with the Board’s rules for safety and sanitation that we always follow. We have used the OSHA “Guidance for Preparing Workplaces for COVID-19” as a guide to re-open.

As part of these efforts, we ask each of our customers to read and initial and sign the acknowledgements below. If you cannot acknowledge any of the below statements, unfortunately we will have to decline you services until such time as you can. We apologize for that inconvenience as we work through this difficult time.

In addition, we ask that you notify us if you develop symptoms of COVID-19 and/or test positive for COVID-19 in 14 days following your services at Aviary so that we may assure the safety of our employees and other customers.

I understand that the COVID-19 pandemic has been declared a national emergency, that infection and spread of the virus is not fully understood, and that unforeseen circumstances may arise at any time before, during, or after my service. By signing below, I hereby certify, represent, and warrant that within the last twenty-one (21) days, I HAVE NOT (please initial each):

- \_\_\_\_\_ 1. Tested positive or presumptively positive for COVID-19, or been identified as potential carrier of COVID-19 or a similar communicable disease;
- \_\_\_\_\_ 2. Experienced fever above 99 degrees, persistent cough, or shortness of breath;
- \_\_\_\_\_ 3. Been out of the country; or
- \_\_\_\_\_ 4. Been in close contact with any person I knew and/or now know to be a COVID-19 carrier or has been identified as a potential COVID-19 carrier.

I would prefer my esthetician wear gloves throughout my service today:    **YES**        **NO**

While we are taking the recommended steps to maintain the safety of our employees and customers, you agree that you are receiving services at our establishment at your own risk. By signing below, I agree to indemnify and hold Aviary, its owners and officers, employees, landlord and agents harmless from any and all claims related to COVID-19.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_