

SHANGHAI BEAUTY SALON

COVID-19 ACKNOWLEDGEMENT & WAIVER

Our goal is to provide a safe environment for our customers and staff. This document provides information that we ask you to acknowledge and accept regarding COVID-19 in order to receive salon services.

Shanghai Beauty Salon is taking the following precautions:

- Temperature and symptom screenings for staff at the beginning of their shift
- Staff are required to use protective equipment, including masks and disposable gloves at all times
- Staff are required to wash their hands frequently and use sanitizer when necessary
- Staff are COVID-19 certified by BARBICIDE®
- All equipment (combs, scissors, clippers, etc) and surfaces (chairs, counters, etc) are sanitized using BARBICIDE® products before and after every customer
- All dirty linen (towels, capes, etc) will be washed with hot water and laundry detergent
- All staff will service only one customer at a time from beginning to end

All customers will be required to do the following:

- Fill out this acknowledgement & waiver form
- Wear a face covering at all times
- Get temperature checked upon entering
- Use hand sanitizer upon entering
- If symptoms or a high temperature is present, customer must reschedule an appointment
- Make appointments online or via phone
- Wait in vehicle until called upon at the time of the appointment

CLIENT INFORMATION

FULL NAME _____

ADDRESS: _____

PHONE # _____

APPOINTMENT DATE & TIME: _____

Please provide truthful answers to the questions below:

In the past 2 weeks, have you experienced any of the following symptoms?

- | | | | |
|------------------------|--|----------------------------|--|
| • Fever or Chills | <input type="checkbox"/> YES <input type="checkbox"/> NO | • Loss of Taste or Smell | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Cough | <input type="checkbox"/> YES <input type="checkbox"/> NO | • Sore Throat | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Difficulty Breathing | <input type="checkbox"/> YES <input type="checkbox"/> NO | • Congestion or Runny Nose | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Fatigue | <input type="checkbox"/> YES <input type="checkbox"/> NO | • Nausea or Vomiting | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Muscle or Body Aches | <input type="checkbox"/> YES <input type="checkbox"/> NO | • Diarrhea | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Headache | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

In the past 2 weeks, have you traveled outside of the United States or traveled by plane? YES NO

Have you come into contact with anyone who has been tested positive for COVID-19? YES NO

I understand that I will have to follow the salon and CDC guidelines to prevent the spread of COVID-19. I have read and understand this complete document. I have completed the questionnaire truthfully. If I have answered "yes" to any of the questions above, I understand that I will have to reschedule my appointment. I accept that there is an increased risk of catching COVID-19 in the salon by receiving salon services. I willingly choose to have salon services during the COVID-19 pandemic. I understand that the salon cannot guarantee that I will not become infected with COVID-19. I agree to not hold Shanghai Beauty Salon and Mei Hua Wang Zhu accountable for any and all causes of actions, claims, demands, damages, costs, expenses, compensation, and the like in connection with any services received.

SIGNATURE _____ DATE _____

