

Covid-19 Care and Commitment Agreement

- Do you have any cold or flu-like symptoms, including cough, shortness of breath, fever, chills, and/or no sense of smell or taste? _____
- Have you had exposure to a confirmed positive case of COVID-19 within the past month? _____
- Have you traveled to any location under the State of Kansas/KDHE quarantine mandate within the last 14 days? _____

If you answer yes to any of these questions, you will need to re-schedule your appointment.

In light of the **COVID-19** pandemic, we, **bijin salon & spa**, understand the risks, dangers, possible injuries and losses involved in providing hair, nail, massage and skincare services at our Prairie Village, KS location.

In consideration of receiving hair, nail, massage and skincare services from **bijin salon & spa**, I (together with my parent or guardian, if I am under the age of eighteen (18) or under a legal disability), understand and agree to the following:

1. I agree to abide by all safety precautions and requirements put in place for the protection of fellow clients and bijin salon & spa employees,
2. I acknowledge that receiving services involves certain risks and accept and voluntarily incur all **COVID-19** related risks of any injuries, damages, or harm which may arise. I agree to indemnify and hold harmless bijin salon & spa from all liabilities, damages, costs or expenses,
3. I waive all claims against bijin salon & spa and its employees for any **COVID-19** related injuries, damages, losses or claims, whether known and unknown.

I voluntarily agree to and sign this _____ day of _____, 20_____.

_____ Participant Signature	_____ Participant Temperature	_____ Participant Printed Name
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_____ Parent/Guardian Signature	_____ Parent/Guardian Temperature	_____ Parent/Guardian Printed Name
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