



COVID-19 Pandemic Skin Treatment Consent Form

I knowingly and willingly consent to have skin services during the COVID-19 pandemic and confirm and understand the following:

- I understand that COVID-19 has been declared a global pandemic by the World Health Organization.
- I understand that COVID-19 is highly contagious and can be contracted by various sources.
- I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.
- I understand that preventive measures and intensified sanitation protocols intended to avoid the spread of the COVID-19 have been implemented. However these best practices still offer no guarantee regarding my potential risk of being infected
- I understand that, because esthetics involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19
- I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of skin services, that I have an elevated risk of contracting the virus simply by being in the studio.

I confirm that I am not currently presenting any of the following symptoms of COVID-19 listed below:

- Temperature above 98.7 degrees
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore Throat
- I confirm that I have not been around anyone with these symptoms in the past 14 days.
- I confirm I do not live with anyone who is sick or quarantined.
- To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow Âme Skin Studio strict guidelines.
- I confirm that I have not traveled outside the United States in the past 14 days, including Russia, Brazil, India or the U.K..
- I confirm that I have not traveled domestically to other states within the United States within the past 14 days.
- By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment; I voluntarily agree to assume those risks, and I release and hold harmless the practitioner from any claims related thereto.
- I confirm all my questions were answered to my satisfaction and I give my consent to receive treatment by this practitioner.

GUEST NAME.....

GUEST (OR PARENT/GUARDIAN) SIGNATURE.....

DATE...../...../.....