

# **CLIENT COVID-19 LIABILITY WAIVER & CONSENT FORM EXAMPLES**

**Check out these coronavirus  
liability waiver examples from  
salons across the country!**

## **Disclaimer**

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*You should not act or refrain from acting on the basis of any content included in this PDF without seeking legal or other professional advice.*



**ROBERT CROMEANS**

May 7 · 🌐



**RELEASE OF LIABILITY AND  
AGREEMENT NOT TO SUE, INDEMNIFICATION,  
HOLD HARMLESS, LIMITATION OF WARRANTY**

We all know that these are uncertain times. The risks of COVID-19 are not well understood and there is controversy among the experts on how the virus can spread and difficultly in scientifically determining whether anyone has the virus at any moment in time.

We all know that the Centers for Disease Control and Prevention has recommended that all businesses like ours remain closed. On the other hand, our Governor Gavin has assessed the risk and he feels that opening salons is safe at this time. A ROBERT CROMEANS SALONS ("ARCS") & WALKIN SALON BY ROBERT CROMEANS (WINS) are not an expert in the risk analysis of COVID-19. We are willing to open and provide salon services to you if you are willing to accept the risks of contracting COVID-19.

In consideration for providing haircuts and color, by signing below you agree to accept all responsibility for the risk that you may contract COVID-19. While we are taking your safety and that of our staff very serious, by employing new safety and sanitation initiatives, we cannot guarantee that any of these measures will completely protect you from contracting COVID-19.

NOW THEREFORE, in consideration for providing haircuts and hair coloring services, I agree that should I contract COVID-19, I agree to indemnify and hold ARCS & WINS, its officers, agents, servants, employees, and landowners and their successors and assigns harmless from any and all claims for damages should I contract COVID-19 from my receiving a haircut and color services at ARCS and/or WINS.

@robertcromeans

San Diego, CA / Oklahoma City, OK

I further agree that I will not file, nor cause to be filed, nor participate in any lawsuit against ARCS and or WINS, its agents, servants, employees and any other person who may be in any way connected with haircut and color services at ARCS and or WINS, including but not limited to owners of ARCS and or WINS, the staff with whom I am receiving services, their employees and agents for injuries and/or death as a result of contracting COVID-19.

I agree that if I take any steps to make a claim for damages against ARCS and or WINS, its agents, employees or any other released parties arising out of my receipt of haircut and color services during my visit to ARCS and or WINS facilities, I shall be obligated to pay all attorneys' fees and costs incurred as a result of such claim.

I acknowledge that I can go elsewhere to have my hair cut and colored, and I acknowledge that ARCS and or WINS are not the only hair salons where I can have my hair cut and colored. By signing this Agreement, I acknowledge that I am free to go to other salons who may not require my agreement to accept responsibility for contracting COVID-19 and I chose to have haircut and color services.

In addition, I agree that if any dispute or claim relating in any way to the services provided by ARCS and or WINS pursuant to the terms of this agreement will be resolved by binding, individual arbitration, rather than in court. I agree that arbitration shall be governed by the Federal Arbitration Act (FAA), including its procedural provisions, in all respects.

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Date[Signature of ARCS/WINS Guest]



# Ross Michaels Salon

Bremerton, WA

## COVID-19 Exposure & Health Questionnaire

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**The Washington State Department of Health asks that all salon's use this guidance to help prevent the spread of COVID-19 by screening staff and visitors. This questionnaire will be mandatory to complete before receiving any service. Thank you.**

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If the answer is YES to any of these questions  
We can not allow you to enter the premises.  
The salon staff will share where to get medical help.

1. Have you had Covid-19 or pending results for Covid-19? \*

Yes

No

2. In the last 14 days, have you had any of these symptoms? \*

Severe Cough

Shortness of breath or difficulty breathing

Fever

Chills

Repeated shaking with chills

- Sore throat
- New loss of taste or smell
- NONE OF THE ABOVE

3. Before entering our facility, we ask all visitors confirm you have not been in close proximity within the last 14 days with someone who is currently sick with: COVID-19 ?Any other respiratory illness. \*

- YES, I have been exposed.
- NO, I have NOT been exposed

If the answer is YES,  
We can not allow you to enter the premises.

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NEW STATE MANDATED LAWS- All statements must be agreed upon prior to receiving an appointment. Apologies, no exceptions.

If the answer is Do NOT agree to any questions,  
We can not allow you to enter the premises.

4. Clients should advise they will NOT be allowed to enter the salon. Clients MUST wait outside our front door or in their car until instructed to come in. \*

- Agree
- Do NOT agree.

5. Clients will not be permitted to bring guests with them. \*

- Agree
- Do NOT agree.

6. Clients should put on a facemask prior to leaving the vehicle (Please bring a mask that wraps around the EARS, we have extras if you do have one) and to sanitize hands prior to starting their service. \*

- Agree
- Do NOT agree.

7. Do you agree to have your temperature taken with a touchless thermometer upon arrival? If it reads 100F or higher, no services will be permitted. \*

- Agree
- Do NOT agree

8. Clients must adhere to social distancing requirements and have 6' of space between people with the exception of their service provider. \*

- Agree
- Do NOT agree.

9. No food or beverages permitted in the salon. \*

- Agree
- Do NOT agree

10. Please hang coats and outerwear on the rack provided by the salon entrance and please limit the amount of personal belongings in the salon. \*

- Agree
- Do NOT agree

11. Shampoo bowl etiquette includes covering the face of the client with a towel while shampooing to protect their mouth, nose and eyes. \*

- Agree
- Do NOT agree.

12. No use of Blow Dryers will be allowed at the salon to decrease the risk of spreading the virus. The salon will provide a disposable towel. \*

- Agree
- Do NOT agree.

13. The salon will implement a COVID-19 charge of \$7.00 per appointment. We incurring extra cots for sanitization and disposable materials. \*

- Agree
- Do NOT agree.

I certify that I have read this document and I fully understand its content. \*

- I agree to use [electronic records and signatures.](#)

x Your Signature

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# Waiver

Dear BLONDE client,

Our priority is to comply with what has been state regulated to operate. It is both necessary and appropriate to control disease in the state of Arkansas and has been authorized to take further action. BLONDE has conducted an outline of the state's regulations in conjunction with our own safety protocols to keep everyone safe, effective May 6th. The following list will outline the protocols as well as inform you of what to expect upon returning to the salon.

We understand that you are all eager to be rescheduled. We have had to cancel ALL appointments over the past 6 weeks. We will personally call each guest whose appointment was cancelled due to the COVID-19. To be fair to ALL, rescheduling will be in order of original schedule. Again, we appreciate your patience as we navigate through this new challenge.

- CLIENT and STYLIST will be required to be wearing a face covering at ALL times the service permits. (Please provide your own, cloth masks are acceptable)
- ONLY customers receiving a service will be allowed in the salon. Do not bring guests or children with you.
- No more than 10 people will be allowed in the salon at any one time.
- All clients must arrive with clean, dry hair.
- We ask you to wait in vehicle upon arrival and wait for instruction to enter. (This allows us to clean appropriately between clients and to comply with the 10 limit capacity)
- When communicated to enter, pre-screening has been advised therefore temperature will be checked.
- Please you use the restroom to wash your hands to sanitize before service has started.
- We will treat everyone, including staff, as if they could be infected.
- Each area, all tools, stations and equipment will be sanitized and/or discarded between each client.
- Gloves will be worn at ALL times as the service permits it.
- No sample products or testers will be available.
- All staff have updated certification on sanitation protocols via Barbicide™ and OSHA.gov
- Temporarily suspending all complimentary services; No beverages, No Blow-drying\*
- Cleaner Air: To avoid blowing germs around we will not be using a blow-dryer to finish your service. This will help keep your mask in place. (This is only a temporary precaution)
- Please understand if you are getting a color retouch, you may have an up-charge for your color because of the need to use more color than usual. (Discuss this with your stylist if you have any questions as they have their own prices)
- Cancellation/No-Show Policy- your stylist's previous cancellation policy still stands. If you must cancel for fever, COVID-19 symptoms, or any other sickness, you will not be charged. However, you will not be allowed to reschedule for 2-4 weeks, as stylist permits.
- Rest assured, we hope to get back to a new normal and be able to resume the complimentary services and extras you have come to enjoy.
- These protocols will continue to be refined as needed, thus we will keep you informed every step of the way.
- Confirming your appointment- if you do not confirm 24hrs prior to your appointment you will lose your appointment. Please understand we have many clients waiting to get in to see us.

- BLONDE, is doing everything to protect you, our client, our community and our staff. To this extent, we will be following the Center of Disease Control (CDC) and local health department guidelines with regard to social distancing practices and sanitation in order to reduce the spread of Novel Coronavirus, or COVID-19. This will require our staff to maintain six (6) feet of distance between ourselves and you, the client, as much as possible in our salon setting. We will also be requiring this same procedure for client-to-client contact in order to limit the exposure to all individuals. Only the person receiving the service will be allowed in the salon.
- All tools, stations and equipment will be sanitized and/or discarded between each client. New capes will be given to each client. Staff will follow proper hand washing protocols between each client. We will Temporarily suspend all complimentary services; No beverages, No blow-drying.
- BLONDE, requires all individuals to utilize approved masks, either surgical masks or cloth masks to reduce the risk of exposure to yourself and others. It is also required of everyone to either wash or sanitize their hands upon arrival of your appointment, after using the restroom, sneezing, or coughing.
- If we all work together, we can overcome the spread of this virus as well as other infectious diseases. We welcome you to BLONDE and look forward to serving you as much as we can at this time!
- By filling out the form, you agree to comply with the written instructions above and agree that you are at the salon at your own risk, releasing BLONDE Salon and your stylist from any liability relating to COVID-19. Failure to comply with these written instructions or verbal instructions from staff may result in cancellation of your appointment and therefore need to leave the premises. Thank you for your cooperation and patience. With Care, Your BLONDE Team.

ACCEPT

DECLINE

# Participant Information

 [Edit Information](#)

Email:

First Name:

Last Name:

Date of Birth:

## Electronic Signature Authorization

By applying my electronic signature to this agreement, I agree that my electronic signature is the legally binding equivalent of my handwritten signature on paper. I will not, at any future time, claim that my electronic signature is not legally binding or enforceable. By electronically signing and submitting this agreement, I 1) acknowledge that I have read and fully understand the terms of the agreement; 2) voluntarily agree to be bound by this agreement; and 3) certify that I am 18 years of age or older. My signature applies to all pages of this contract. I understand that I will receive a Portable Document Format (PDF) version of this agreement after it is signed at the email address I have provided. To view the PDF document, I understand that I will need software that enables me to receive and access PDF files such as Adobe Reader software or other software capable of reading a PDF file. In order to print and retain a hard copy of this agreement, I understand that I will also need a printer connected to my computer. I understand that if I wish to sign a hard copy of this agreement instead of an electronic version, I must contact the party that requires my signature on this agreement directly.

**APPLY SIGNATURE**

**I certify the above information is accurate.**

**AGREE AND SUBMIT**

**CANCEL**

Dear Customer:

You have come to P.S. Cheveux today for cosmetology services that will be done during the COVID-19 pandemic. Please be advised of the following:

- While our office has complied with the State Health Department, and the Centers for Disease Control and Prevention infection control guidelines, and the Texas Department of Licensing and Regulation's Minimum Standard Health Protocols for Cosmetology Salons / Hair Salons, to prevent the spread of the COVID-19 virus, we cannot make any guarantees.
- Our staff are symptom free, and to the best of our knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other customers), could be infected with or without our knowledge.

In order to reduce the risk of spreading COVID-19 we have asked you a number of "screening" questions below. For the safety of our staff, other customers, and yourself, please be truthful and candid in your answers.

\_\_\_\_\_  
Customer / Responsible Party

\_\_\_\_\_  
Date

**Please answer "Yes" or "No", with your initials, to the following questions:**

Are you currently awaiting the results of a COVID-19 test? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have a fever? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have any shortness of breath? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have a dry cough? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have a runny nose? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have a sore throat? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have any sneezing, watery eyes, and/or sinus pain / pressure that is unusual and not related to seasonal allergies? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you experienced headaches or fatigue? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you lost your sense of taste and/or smell? \_\_\_\_\_ YES \_\_\_\_\_ NO

Within the last 14 days, have you traveled abroad? \_\_\_\_\_ YES \_\_\_\_\_ NO

Within the last 14 days, have you traveled within the U.S.? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, where? \_\_\_\_\_

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to be spread mainly from person-to-person contact. As a result, federal, state, and local governments, and federal and state health state agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

P.S. Cheveux has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you and/or your family members will not become infected with COVID-19. Further, attending and receiving services could increase your risk of contracting COVID-19.

**By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I (and/or my family members) may be exposed to or infected by COVID-19 by receiving services at P.S. Cheveux and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at P.S. Cheveux may result from the actions, omissions, or negligence of myself and others, including but not limited to, P.S.> Cheveux’s employees, independent contractors, staff members, and/or other customers.**

**I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (or my family members), including but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I or myself may experience or incur in connection with my receiving services P.S. Cheveux. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless P.S> Cheveux, its employees, agents, and/or representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of P.S. Cheveux, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after receiving services at P.S. Cheveux.**

\_\_\_\_\_  
Signature of Customer/ Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Customer/ Responsible Party

# Covid 19 Waiver of Liability and Assumption of Risk

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The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to be spread mainly from person to person contact. As a result, federal, state, and local governments as well as federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

“Hair by Christi P.” has put in place preventative measures to help reduce spread of COVID-19; however the stylists can not guarantee that you or your party will not be infected with COVID-19. Further, receiving close contact services could increase your risk or your parties risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my party may be exposed to or infected by COVID-19 by receiving close contact services and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while receiving close contact services may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the stylists, participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my party ( including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that I or my party may experience or incur in connection with receiving close contact services. On my behalf, and on the behalf of my party, I hereby release, covenant not to sue, discharge, and hold harmless Hair by Christi P., its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Hair by Christi P., its employees, agents and representatives, whether a Covid-19 infection occurs before, during, or after receiving close contact services.

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PRINT NAME

SIGNATURE

DATE