

## COVID 19 Pandemic Body/Skin Spa Treatment Consent Form

I knowingly and willingly consent to have body/skin spa treatment(s) during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carries of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

I understand that due to the frequency of visits of other clients and characteristics of the virus, and the characteristics of spa treatments, that I have elevated risk of contracting the virus simply by being in the spa.

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

- Temperature above 98.7
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore throat

I confirm that if I present symptoms between now and my appointment that I will cancel. I also understand that I can be denied treatment(s) if I show up with symptoms.

I confirm that I have not been around anyone with these symptoms in the past 14 days.

I do not live with anyone that sick or quarantined.

I understand that air travel significantly increases my risk of contracting my risk of contracting and transmitting the COVID-19 virus. And I understand that the CDC, OSHA and New Jersey board of Cosmetology recommend social distancing of at least 6 feet apart.

I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days.

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the spa strict guidelines.

**By signing this form, I verify all above statements is true, and I am also acknowledging the potential risk to contract the COVID-19 disease during treatment(s) provided today and voluntarily agreed to accept treatment(s). I further agree and hereby release Spa Dew and its employees from any and all liability associated with my potential risk to contract CORONAVIRUS (COVID-19).**

Name (please print) \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Spa Dew**

1605 Center Avenue, Fort Lee, NJ 07024