

I knowingly and willingly give consent to have services done at Perfect Arch by Pinal J LLC

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. It is impossible to determine who has it and who does not have it without testing.

I confirm that I will cancel my appointment if any of the following symptoms appear and reschedule after taking proper precautions

- *Fever
- *Dry cough
- *Runny nose
- *Sore throat
- *loss of sense of taste or smell
- *Fatigue
- *Shortness of breath
- *Muscle pain

I understand that if these symptoms are present and the appointment was not canceled, Perfect Arch by Pinal J LLC has the right to refuse service and there will be a \$25 service fee charge (so please just cancel ahead to help us both)

I affirm that myself and all household members have not shown symptoms of the virus in the last 14 days and have not been diagnosed with Covid-19

I affirm that myself and all household members have not traveled outside of the country or to any city that has been considered a "hot spot" in the last 30 days

Perfect Arch by Pinal J LLC will abide by the same standards and take extra measures and follow sanitation protocols to fight the spread of COVID-19

Due to needing extra time for the proper protocols. Please arrive on time as we cannot go over in time. If you are late, as much of the service will be completed for the rest of your available time and full service payment will still be required.

If you arrive early please wait in your car until the appointment to help keep distancing

No other guests will be allowed until further notice

Kids will be welcome *if needed* but it is asked to try to make your appointment at a time where they can be watched (for safety reasons and to keep appointments running on time)

I understand that the business Ultimos Salon and Perfect Arch by Pinal J LLC cannot be held liable for any exposure to the virus or any contagion caused by misinformation on this form

By signing below I agree to each above statement and release the business and technician from any and all unintentional exposure or harm due to COVID-19

Date: _____

Signature: _____

Print Name: _____