

Waiver * Must be completed & submitted before Appointment.

Date _____ Stylist _____

Please read the following waiver, print and fill in the form below to agree to the terms of the waiver. Please bring this to your appointment and give it to your stylist.

Salon V, operated by Michelle Varrone, is doing everything we can 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 disinfected 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 food, No beverages.

Salon V requires *all* individuals to utilize approved masks with ear loops 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 Salon V!

By filling out the form below and submitting, you agree to comply with the written instructions above and agree that you are at the salon at your own risk, releasing Salon V from any liability relating to COVID-19. Failure to comply with these written instructions or verbal instructions from staff may result in your removal from the premises.

PLEASE COMPLETE THE FORM BELOW

Name *

Full Name _____

signature

Full Name _____

printed

Email * _____

Cell Number _____