

Coronavirus Precautions - Liability Release Form

Therapeutic Skin Care

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For your safety:

Therapeutic Skin Care is complying with all applicable guidelines set forth by the State of California and Los Angeles County. We have accordingly improved and expanded our sanitation and disinfection protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions. These steps also include reduced client volume, hand washing and sanitizing, physical distancing, face masks, HEPA Air Purifiers in treatment rooms, and a brief client-health questionnaire.

You can help:

- A contact-less temperature check will be performed upon your arrival.
- Please reschedule if you feel unwell. 24-hour notice is requested, but our cancellation fee is waived.
- Physical distancing measures will be in place.
- Face masks must be worn at all times. Please bring your own, or we will provide one.
- Leave any unnecessary personal items in your vehicle or at home.
- Please come to your session alone, and wait in your car until your appointment time.
- Water and other amenities will not be available. If desired, please bring your own.
- To minimize contact, we prefer payment in advance via Credit/Debit card, PayPal, Venom or Zelle.
- Please schedule all future appointments via phone or the Vagaro App.

Health Questionnaire:

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing

I agree to the following: *(please check all boxes that apply)*

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the past 14 days.

I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.

By signing below, I agree to each statement above and release the esthetician, massage therapist and business from any and all liability for any unintentional exposure or harm due to COVID-19.

Signature: _____ Name: _____ Date: _____

Thank you for your cooperation!