

TITUS



SALON

## COVID19 Service Wavier

Our Priority is Safety, Sanitation and Wellness

Guest Name: \_\_\_\_\_

Best Email to Reach You: \_\_\_\_\_

Date: \_\_\_\_\_

WHAT BEST DESCRIBES HOW YOU FEEL ABOUT YOUR UPCOMING SALON VISIT?

- I'm looking forward to "The Titus Experience"
- I'm excited but, I want to spend as little time as possible in Public

### SALON SERVICE PRE-SCREENING:

1. Are you experiencing severe acute lower respiratory illness ( COUGH, SHORTNESS OF BREATH) AND FEVER?

- YES
- NO

2. HAVE YOU BEEN IN CLOSE CONTACT WITH ANY PERSON DIAGNOSED (confirmed by testing) WITH THE COVID19 VIRUS IN THE LAST 14 DAYS?

Close Contact Is Defined As:

- Being within approximately 6 feet of a Covid-19 case.
- Close contact can occur when caring for, living with, visiting, or sharing a healthcare waiting area room with a Covid-19 Case.
- Having direct contact with infectious secretions of the Covid-19 case (eg being Coughed on)

- YES
- NO

3. HAVE YOU BEEN AROUND ANYONE THAT HAS A FEVER, COUGH, SORE THROAT, MUSCLE ACHES OR SHORTNESS OF BREATH IN THE LAST 14 DAYS?

- YES
- NO

4. I UNDERSTAND THAT IN ORDER TO RECEIVE A SALON SERVICE THAT I MUST WEAR A FACE MASK.

o I AGREE

## GUEST LIABILITY RELEASE

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 difficulty in scientifically determining whether anyone has the virus at any moment in time.

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.

I agree that if I take any steps to make a claim for damages against Titus Salon, its agents, employees or any other released parties arising out of my receipt of haircut and color services during my visit to Titus Salon's 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 Titus Salon is not the only hair salon 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.

TITUS SALON RESERVES THE RIGHT TO TURN AWAY ANY GUEST THAT VISIBLY PRESENTS SYMPTOMS AS DESCRIBED ABOVE OR THAT HAS CHECKED YES TO ANY OF THE ABOVE QUESTIONS.

IN ADDITION, THE TITUS TEAM IS SCREENED DAILY AT ARRIVAL UTILIZING THE ABOVE PROTOCOLS. ANYONE ANSWERING YES OR EXHIBITING SYMPTOMS WITH NOT BE ALLOWED INSIDE THE BUILDING OR AT WORK UNTIL THEY TEST NEGATIVE FOR COVID-19 OR ARE SYMPTOM FREE.

Please Sign: \_\_\_\_\_

Attesting your Information is Accurate and True and the You Accept Responsibility Fully for Your Visit to Titus Salon.