

STUDIO OF MAKEUP

9143 REISTERSTOWN ROAD OWINGS MILLS, MD 21117

COVID-19 WAIVER

PLACE A CHECK MARK NEXT TO ALL THAT APPLIES

- I understand Studio of Makeup has implemented all safety guidelines set forth by the CDC to make my visit as safe as possible during the COVID-19 Pandemic.
- I have not been diagnosed with or cared for anyone diagnosed with COVID-19 within the past two weeks.
- I have not shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the past two weeks.
- I have not traveled out of state or outside of my immediate daily routine for the past two weeks.
- I do not have a cough, fever, chills, shortness of breath, or loss of taste or smell.
- If I begin to show symptoms of COVID-19 within the next two weeks, I will contact Studio of Makeup immediately.
- I will follow all guidelines posted by Studio of Makeup to keep myself and others safe during my visit.
- I agree to a temperature check, I also understand I may not be able to proceed with my service due to an elevated reading.
- I voluntarily seek services provided by Studio of Makeup and acknowledge I am increasing my risk of exposure to COVID-19 being in a public setting and I accept this risk.
- I hereby release Studio of Makeup from any liability or claim in the event I contract COVID-19.

Name: _____

Date _____

Signature: _____