

**GORGEOUS KHAOS**  
**COVID 19 HOLD HARMLESS WAIVER**

**1144 SMALLWOOD DR W**  
**WALDORF, MD 20602**

This form is in effect for thirty days or until next appointment  
whichever comes first.

*"Doing our part together to stop the spread"*

**PLEASE FILL FORM OUT IN ITS ENTIREITY AND BE HONEST.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_ KNOWINGLY AND WILLINGLY CONSENT TO HAVE HAIR SERVICES DURING THE COVID-19 PANDEMIC.

I UNDERSTAND THE COVID-19 VIRUS HAS A 2-14 DAY INCUBATION PERIOD DURING WHICH CARRIERS MAY OR MAY NOT EXHIBIT SYMPTOMS \_\_\_\_\_

I CONFIRM THAT I AM NOT PRESENTING WITH ANY OF THE FOLLOWING SYMPTOMS OF COVID-19 LISTED BELOW \_\_\_\_\_

\* I DO NOT HAVE A TEMPERATURE OR FEVER OVER 100.1 \_\_\_\_\_

\* SHORTNESS OF BREATH \_\_\_\_\_

\* LOSS OF TASTE OR SMELL \_\_\_\_\_

\* DRY COUGH \_\_\_\_\_

\* RUNNY NOSE \_\_\_\_\_

\* SORE THROAT \_\_\_\_\_

II CONFIRM THAT I HAVE NOT BEEN IN PHYSICAL CONTACT WITH ANYONE THAT HAS TESTED POSITIVE FOR COVID19 \_\_\_\_\_

II CONFIRM THAT NO ONE IN MY HOUSEHOLD IS SICK WITH A COLD, FLU, OR SEVERE ALLERGIES \_\_\_\_\_

II CONFIRM THAT I HAVE NOT TRAVELED IN THE LAST 14 DAYS (FROM DAY OF APPOINTMENT) \_\_\_\_\_

II CONFIRM THAT I AM NOT CURRENTLY AWAITING RESULTS FROM A COVID-19 TEST THAT HAS BEEN TAKEN \_\_\_\_\_

I

II CONFIRM THAT IF I HAVE NOW OR IN THE PAST TESTED POSITIVE FOR COVID-19 I HAVE WAITED 30 DAYS AND ARE FREE OF ANY SICKNESS OR SYMPTOMS  
BEFORE SCHEDULING AN APPOINTMENT. \_\_\_\_\_

DISCLAIMER: Please be advised that GORGEOUS KHAOS is not responsible for clients possibly contracting Covid19 during their salon visit. We do ask that while clients are receiving services please minimize movements and surfaces touched. We are taking all necessary sanitary and disinfecting precautions. As you are aware, this is a highly contagious virus being transmitted more by asymptomatic humans. Be aware that you are entering the salon at your own risk.