



Coronavirus (COVID-19) Liability Waiver

Name:

Date:

Beautox Bar LLC has put in place preventative measures to reduce the spread of COVID-19; however, Beautox Bar LLC cannot guarantee that you will not become infected with COVID-19. In an effort to protect both our customers and our staff, we have implemented safety precautions such as disinfecting the entire clinic after each client, washing hands, providing two waiting rooms and separate treatment rooms (social distancing), and offering contactless checkout. We are also not open to the public so our clients are accepted by appointment only.

Further, coming into our clinic could increase your risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or be infected by COVID-19 by attending my Beautox Bar LLC appointment and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Beautox Bar LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to Beautox Bar LLC Staff and other clients.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my Beautox Bar LLC appointment. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Beautox Bar LLC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Beautox Bar LLC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my clinic appointment.

I agree and consent to this Coronavirus Liability Waiver.

SIGNATURE: