

**CLIENT'S COVID-19 ACKNOWLEDGMENT, CONSENT TO SERVICE AND RELEASE**

This Acknowledgement, Consent to Service and Release is entered into by and between \_\_\_\_\_ ("the Client") and Shine Salon, LLC ("Shine"), a North Carolina limited liability Company with its principal place of business at 920 Pecan Ave., Charlotte, NC. Client and Shine may hereinafter be referred to collectively as "the Parties."

CLIENT'S APPOINTMENT: \_\_\_\_\_, 2020 at \_\_\_\_\_ a.m./p.m.

**CLIENT ACKNOWLEDGMENTS**

Client expressly acknowledges the following:

\_\_\_\_\_ In the immediate 72 hours preceding my Appointment, I have not had a fever:

\_\_\_\_\_ In the two (2) weeks preceding my Appointment, I have not:

\_\_\_\_\_ Cared for anyone diagnosed with COVID-19:

\_\_\_\_\_ Resided with anyone diagnosed with COVID-19; and

\_\_\_\_\_ Been exposed to anyone asked to "self-quarantine" because of their diagnosis of and/or possible exposure to COVID-19.

\_\_\_\_\_ Client voluntarily seeks services from Shine, its agent, employees and/or representatives. The services to be provided are inconsistent with accepted, normal "social distancing" practices. Client understand that the services requested of Shine make it impractical for Shine's employees, agents and/or representatives to respect general "social distancing" protocols and I accept the risks associated with the services to be provided.

**RELEASE**

In exchange for the services provided to Client by Shine, its agent, employees and/or representatives, Client, his/her heirs, devisees, employees, insurers, agents, representatives, attorneys, predecessors, successors and assigns, hereby release, remise, and discharge Shine, its officers, members, managers, employees, insurers, sureties, agents, attorneys, predecessors, successors and assigns ("the Released Parties") from any and all claims, demands, debts, liabilities, obligations, torts, causes of action, or other claims for relief of whatever kind or nature, whether known or unknown, whether suspected or unsuspected, whether accrued in the past or to accrue in the future, whether known or unknown, which the Client may have, claim to have had, or may in the future have against the Released Parties, related in any manner to the services provided at the Appointment (set forth above).

**NOTIFICATION**

If within two (2) weeks of the Appointment, Client is diagnosed with COVID-19, Client agrees to immediately inform Shine of such diagnosis.

Date \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_