DISCLOSURE & RELEASE AGREEMENT FOR SERVICES RENDERED

EGO BEAUTY Academy + Studio

To safely perform this treatment, we need to know if you have:

Specify if needed.	*YES*	*NO*
1. Recently had an operation		
2. AIDS/HIV, Hepatitis (A,B,C)		
3. Inflamed nerves, undiagnosed pain, or acute rheumatism		
4. Fever or contagious disease (e.g., flu)		
5. Undiagnosed lumps, bumps, rash, or inflammation		
6. Cuts, severe bruising, or abrasions.		
7. Any scar tissue in the past 6 months (small scar) or 2 years (major operation)		
8. Thyroid problems / thyroid medications		
9. Severely bitten or damaged nails		
10. A nail that has separated from the nail bed		
11. Herpes, cold sores, eczema, psoriasis, corns, warts or fungal infection		
12. Any form of neuropathy		
13. Any medical problems related to your hands or feet		
14. Allergies (specify)		
15. Cancer		
16. Circulatory or muscular problems, hypertension or heart disease.		
17. Diabetes		
18. Other		

COVID-19 Screening

I hereby certify that, to the best of my knowledge, the provided information is true and accurate. ***Please initial each statement.***

Symptoms of COVID-19 may include but are not limited to:

- Fever
- Dry cough
- Fatigue and/or exhaustion
- Difficulty breathing and/or shortness of breath
- Headache
- Diarrhea and/or vomiting
- Muscle pain
- Loss of smell and/or taste
- No symptoms at all (60% cases)

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, display nor have experienced any or all of the symptoms listed above within the last 14 days.	
Given the nature of the virus (COVID-19), service and environment, I understand that I am at risk of contracting the virus.	
I understand COVID-19 has a 2-14 day incubation during which symptoms may not be shown on carriers of the virus but may still be highly contagious.	
I affirm that I, as well as all household members, have not been diagnosed or suspected to be infected with COVID-19 within the last 30 days.	
I affirm that I, as well as all household members, have not been in contact with someone that is confirmed or suspected to be infected with COVID-19 in the past 30 days.	
I affirm that I, as well as all household members, have not travelled outside of Canada and/or the Okanagan and/or to any city that is considered a "hot spot" for infections of COVID-19 within the past 30 days.	
I affirm that I, as well as all household members, have not knowingly been exposed to COVID-19 within the last 30 days.	
I understand that this business and service provider cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.	
By signing this form I agree to each above statement and release the service provider and business from any and all liability for the unintentional exposure or harm due to COVID-19.	

Client name and signature:

FULL NAME:

BIRTH DATE:	PHONE NUMBER:
EMAIL:	DATE:
CLIENT SIGNATURE:	*SIGNATURE OF PARENT OR LEGAL GUARDIAN IF CLIENT IS A MINOR:*

I, the undersigned, **certify** that the **information** provided by me in this form is **true and correct to the best of my knowledge** and hereby voluntarily agree to accept the services and terms noted by Diana Giselle Caballero Frias (EGO Beauty) for the services performed. In agreeing to have such services performed, I am fully aware that there are potential risks involved with receiving any salon, beauty and cosmetic enhancement service and in the use of cosmetology products and chemicals use of cosmetology products and chemicals including but not limited to possible allergic, chemical, or other adverse reaction which, might cause illness, injury, discomfort, or even death. I, the undersigned, herby release Diana Giselle Caballero Frias and her affiliates any and all liability for any harm, injury, illness, damage, claims, discomfort, demands, action, causes of action. As well as costs/expenses of any nature that I might have or that may hereafter accrue to me, arising out of or related to any such injury, illness or death that may be sustained by me as a result of the services provided by Diana Giselle Caballero Frias (EGO Beauty).

Further, I affirmatively state that I have no illness or health condition, which might be aggravated or otherwise adversely affected by the procedures I am obtaining from Diana Giselle Caballero Frias (EGO Beauty).

I declare that I am competent to sign this consent and release of liability form and that I execute this document freely, knowingly, and voluntarily.

I understand this form will apply to ALL visits and ALL services provided by Diana Giselle Caballero Frias (EGO Beauty).