

## **INFORMED CONSENT – COVID-19 PANDEMIC**

I (print)\_\_\_\_\_understand that I am opting for service that is not urgent and not medically necessary.

I also understand that the coronavirus disease (COVID-19) has been declared a worldwide pandemic and is extremely contagious.

I understand that, because esthetics, eyelash extensions, waxing, and cosmetic tattoo services involve maintained touch, and in close proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive services from Face Forward Imaging LLC.

I recognize that Face Forward Imaging LLC has put in place reasonable preventive measures targeted to reduce the spread of this virus. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19, and any variation or mutation thereof, if I proceed with this elective service and therefore, not hold this business and professional offering the service liable.

I understand that exposure to COVID-19 before, during, or after my service(s) may result in complications and/or delayed healing.

I have been given the option to defer my service(s) to a later date. However, I understand the risks and I would like to proceed with the following service(s):

\_\_\_ Eyelash Extensions

\_\_\_ Waxing

\_\_\_ Esthetics \_\_\_\_

\_\_ Cosmetic Tattooing

I understand and consent to proceed with the indicated service(s) and subsequent follow-up services.

\_\_\_\_\_

If, prior to any future appointment, I experience a fever, cough, or sore throat, I will reschedule for when I am no longer symptomatic. If I have been in close contact with a person infected with COVID-19, I will reschedule for 14 days past the date of contact.

Client Signature:	Date:
Provider's Signature:	Date: