

In the midst of all of that is going on, I have decided to reopen business for services. The normalcy that was before we closed our doors for the statewide shelter in place mandate will never be again.

One of my top priorities is to make this transition in creating new norms in the salon culture as smooth as possible. It is also my priority to keep us all safe and healthy as we resume our service offerings at Ethereal Beauty Natural Hair Salon. I cannot do this without your help. We are in this together.

In moving forward, I have updated my policies and procedures to provide a clean and secure environment that seeks to prevent the spread of the COVID-19 coronavirus and any other contagions. The terms of this update are as follows:

You must pre-sign liability waiver upon visit.

- You must pre-pay for your service before entering the salon/ barbershop.
- Absolutely no add-on services will be made if there is not sufficient time scheduled between you and the following appointment.
- You must wait in your car until called or texted for your appointment.
- You must wear a thick face mask during the entire session.
- You must go and wash hands with soap and hot water for no less than 20 seconds before being seated.
- You must allow us to sanitize your purse or bag as you enter the building. If wearing gloves, they must be switched out after every surface touch and you still have to wash your hand salon upon being seated.

During your session, I will adhere to the following procedures:

- Capes will only be used for cutting or coloring and will be thoroughly sanitized with a CDC solution and set for 5 minutes before placement on the next client. Door knobs, light switches, bathrooms and front door will be disinfected after every client's passing.
- Tools, product containers, stations, chairs, and dryers will be disinfected after every client.
- I will wash my hands with soap and hot water for no less than 20 seconds between each client.

You will also receive a client screening form for your review. If any of the conditions mentioned in the screening form apply to you, please stay home. I have also included a liability waiver with this message. Once you have read the waiver, please return a signed copy via email confirming that you have read and agree to comply with my updated policies and procedures. Failure to submit a signed waiver will result in a refusal of service. This must be done before we proceed with scheduling your appointment.

Thank you for being a valued client. I look forward to seeing you soon.

Liability Waiver

I am aware that I am entering this public establishment at my own risk. I am also aware that my hairstylist, Barbara E.A. Olajide at Ethereal Beauty Natural Hair Salon is not liable for any possible exposure that I may have with any surface or individual(s) that may be contagious with COVID-19 coronavirus or any other infection or disease. I fully comply with and understand that I am responsible for supplying my own personal protective equipment such as face masks, gloves, and hand sanitizer. I will adhere to health and safety procedures as suggested by the Barbara E. A. Olajide/ Ethereal Beauty Natural Hair Salon, the CDC, and my local health department.

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Client Name (Print)

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Client Signature

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Date



## Pre-Appointment Screening

In compliance with the health and safety rules as suggested by the CDC, we are requiring that you not enter the salon premises for any of the following conditions:

*If you are experiencing flu-like symptoms such as fever, body aches, chills.*

*If you are coughing or sneezing for any reason including asthma, allergies from pollen, dust, dirt, etc.*

*If you have come in direct contact with someone who has been diagnosed with the COVID-19 coronavirus within the past 14 days.*

*If you have been diagnosed with the COVID-19 coronavirus.*

*If you are living with someone who is sick or quarantined.*

*If you are unwilling to comply with our updated rules of sanitation.*

*If you are unwilling to wear a face mask during your session.*

If any of these aforementioned conditions apply to you, please stay home.

As your service provider, I am confirming that none of the previously stated conditions apply to me.

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Client Name (Print)

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Client Signature

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Date

