



COVID-19 Waiver

Due to the COVID-19 pandemic, Face Treat will be taking extra measures to ensure the safety of all clients and makeup artists and to do our part to stop the spread.

COVID-19 Symptoms May Include:

- Dry cough
- Fever
- Fatigue
- Sore throat
- Loss of smell or taste
- Difficulty breathing

- A. I understand that Face Treat Makeup Artistry and associated artists stated above cannot be held liable should I contract COVID-19.
- B. I understand that because makeup artistry services require close contact that the risk in contracting COVID-19 is elevated.
- C. I confirm that, to my knowledge, I have not been in contact with anyone who has been diagnosed with COVID-19 in the last 14 days.
- D. I can confirm that if I travelled outside of Canada in the last 30 days, I self-isolated for 14 days after returning.
- E. I confirm that I, as well as all members of my household, have not been diagnosed with COVID-19 in the last 14 days.
- F. I confirm that I, as well as all members of my household, have not experienced the above symptoms in the last 14 days.
- G. If a potential COVID-19 case occurs within this business, I consent to provide my name and contact information to Alberta Health Services for contact tracing.**

I _____, agree to the above statements when taking part in a makeup artistry service from _____.

By signing this form, I acknowledge the risks associated with receiving makeup artistry services and give consent to receive the services.

Full Name (please print): _____

Signature: _____

Date: _____