****

**INFORMED CONSENT – COVID-19 PANDEMIC**

Thank you for your continued trust in our business. Please be assured that the staff at LASHJAX have always followed or exceeded state and federal regulation regarding recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office. We continue to do so and are taking additional preventive measures targeted to reduce the spread of COVID-19.

Please take a moment to read this consent form and sign below: Please bring it with you to your appointment.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) understand that services I have scheduled today for myself does include close human contact that has been advised against doing to minimize risk the COVID19 virus. By signing my name below, I acknowledge that receiving a treatment LASHJAX exposes me to risk.

I am fully aware of this risk. I hereby consent to receive services. In the event of injury, accident and/or illness during or after my treatment I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY for my death, disability, personal injury, property damage, property theft or actions of any kind which hereafter receiving treatments from all officers, employees, volunteers, representatives and agents; and (b) INDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the entities or persons mentioned. This paragraph as to any and all liabilities or claims made as a result of receiving treatments whether caused by the negligence of releasees or otherwise.

My signature further acknowledges that I shall not at any time in the future bring any legal action against LASH or its employees and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

I hereby certify that I have read this document; and, I understand its content.   I am aware that this is a

release of liability as well as a contract and I sign it of my own free will.

I understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is spread person-to-person. I understand that even if I have been tested for COVID and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test. I understand that I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described in this Informed Consent, as well as those risks for the treatment/procedure itself.

I hereby certify that I have read this document; and, I understand its content.   I am aware that this is a

release of liability as well as a contract and I sign it of my own free will.

Customer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_