

**Assumption of the Risk and Waiver of Liability Relating to  
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. **The Hair District Edina Inc. d.b.a. District on 50th** has put in place preventative measures to reduce the spread of COVID-19 and is following all local, state and federal guidelines and orders to which it is subject. **However, The Hair District Edina cannot guarantee that you will not become infected with COVID-19.** Further, **receiving services from The Hair District Edina could increase** your risk of contracting COVID-19.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 by receiving services from the The Hair District Edina Inc. d.b.a. District on 50th. You further acknowledge that exposure to or infection of COVID-19 may result in personal injury, illness, permanent disability, and death. You understand that the risk of becoming exposed to or infected by COVID-19 at the District may result from the actions, omissions, or negligence of yourself and others, including but not limited to, the employees, independent contractors, agents, volunteers, customers and other visitors of the District.

By signing this agreement, you voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury, illness, damage, loss, claim, liability, or expense of any kind that you (or any family member) may incur as a result of your receipt of services from The Hair District Edina Inc. d.b.a. District on 50th.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Printed Name**  
**Who are you seeing today?**  
\_\_\_\_\_

<b>Client phone number :</b> _____ <b>cell:</b> ____ <b>home:</b> ____
<b>Client Email:</b> _____

**Consent to Saving this Assumption of Risk and Waiver of Liability  
Relating to Coronavirus/COVID-19**

By signing below I hereby give my consent for *District on 50th Salon & Spa* to save this Assumption of Risk & Waiver of Liability and add this document to their records. By consenting to saving this Assumption of Risk & Waiver of Liability I understand that this document will apply to all current and future visits to *District on 50th Salon & Spa*.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date Signed**