



Help us keep our community healthy.

By booking your appointment:

- **You are confirming that you have read our updates, health attestation, and waiver.**
- **You are agreeing to comply with the updates below.**
- **You are signing the health attestation.**
- **You are acknowledging that you receive services at your own risk.**
- **You are signing the waiver and releasing us from any liability relating to COVID-19.**

UPDATES

As we strive to meet (and wherever possible exceed) CDC and health department requirements and guidelines, note that as of May 2020:

- All services are by appointment only through our new App
- All payments are contactless only through the "Touchless Payments" feature of our new App
- Masks are required by the time you arrive, and for the duration of your service
- Clients must not congregate in or near the premises, and must practice social distancing at all times
- Clients will be required to:
 - Attest to your health at the time of booking and at the time of your appointment, notifying your barber if anything changes
 - Notify your barber upon arrival at the premises, and wait for a confirmation that he/she is ready to welcome you at the front door
 - Submit to a non-contact temperature-check at the door, and sanitize your hands upon entering
- Barbers will help all clients minimize the need to touch anything, for example:
 - opening and closing all doors for you,
 - handling all products requested for purchase, and
 - setting your pre-ordered beverage at your station as you arrive
- Everyone at HNS will observe occupancy requirements and common safety practices:
 - Only clients receiving services may enter the shop
 - Only one client per barber will be indoors at any given time
 - One parent or guardian is welcome to accompany a client who is a minor, and will be asked to sit in our waiting area
 - Signs will be posted with reminders to:
 - Wash hands or use hand sanitizer
 - Avoid touching your face
 - Sneeze or cough into a tissue, or the inside of your elbow

Thank you in advance for understanding that failure to comply with the above, or any verbal instructions from staff on-site, may result in removal from the premises.



HEALTH ATTESTATION

The safety of our clients, staff, and community are our priority.

Please review and attest to the below at the time of booking and on the day of your appointment.

I certify that:

- ✓ I do not feel sick today
- ✓ I have not received a COVID-19 diagnosis
- ✓ I have not experienced, within the past 72 hours:
 - Fever (above 99.5 degrees F, without the use of medicine)
 - Chills
 - A sustained cough unrelated to an allergy or asthma
 - Shortness of breath
 - Headache
 - Sore throat
 - Body aches, muscle pain or muscle weakness
 - Nausea, vomiting, diarrhea, or abdominal pain
 - New loss of appetite, taste or smell
 - Persistent pressure in my chest

- ✓ I have not been in contact with anyone diagnosed with COVID-19 or who experienced any of the above listed symptoms

- ✓ I have not travelled in the last 14 days to China, Iran, Europe, or any other infected country or region

- ✓ If I was formerly diagnosed with the virus or exposed to anyone with it, I have completed at least 14 days of self-isolation with none of the above symptoms

Remember, if you have symptoms that may be related to COVID-19, please stay home, consult a healthcare provider, and take care of yourself.



COVID-19 WAIVER OF LIABILITY AND INDEMNIFICATION

1. I agree that as a client I am personally responsible for my safety and actions while receiving services from/at HNS (Haircut & Shave). I agree to comply with all policies and procedures, and recognize that as an open place of business there exists a risk of contracting COVID-19. With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue HNS, its officers, independent contractors, affiliates, employees, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to COVID-19 whether caused by the negligence of the Released Parties, any third-party at HNS, or otherwise.
2. I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to bodily injury, death, loss of use, monetary loss, or any other injury from or related to my receipt of HNS services, whether caused by the negligence of the Released Parties or otherwise specifically related to COVID-19.
3. By booking an appointment with HNS, for myself or on behalf of a minor, I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed; I am sufficiently informed about the risks involved to decide whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this agreement for full, adequate, and complete consideration fully intending to be bound by the same. I agree that this Wavier of Liability shall be governed by and construed in accordance with Florida law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Wavier of Liability as a whole. This waiver remains in effect until further notice.

Haircut & Shave, LLC
4706 S Le Jeune Road
Coral Gables, FL 33146
786-490-6388