

## RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT

In consideration for being permitted to obtain salon services at Adored Salon, Lombard, Illinois (the "Salon"), and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and any minor child(ren) for whom I have the capacity to represent, hereby acknowledge and agree to the following:

- (1) I acknowledge, understand or am aware of the following: (a) the hazards of the coronavirus ("COVID-19"); (b) the Centers for Disease Control and Prevention ("CDC") and other guidelines (collectively, the "Guidelines") regarding COVID-19; and (c) the constantly changing circumstances regarding COVID-19, which results in the adaptation of the Guidelines (such adaptation also referred to as "Guidelines"). I accept full responsibility for familiarizing myself with the Guidelines.
- (2) I further acknowledge the contagious nature of COVID-19 and that the CDC and other authorities recommend the practice of social distancing. Despite this recommendation and the risk of being exposed to or contracting COVID-19 from any interaction with others, I hereby freely and willingly, at my own risk, choose to engage the services of the Salon and to be present on the premises of the Salon.
- (3) I further acknowledge that the Salon has implemented measures to reduce the spread of COVID-19 when providing services on its premises, the terms of which are provided in the Salon's reopening protocol ("Reopening Protocol"). Despite such measures, the Salon cannot guarantee that I will not be exposed to or become infected with COVID-19 while engaging the services of the Salon or while being present on the Salon's premises.
- (4) I hereby agree to abide by the terms and conditions of the Reopening Protocol while participating in the activities of the Salon or being on its premises.
- (5) **I, ON BEHALF OF MYSELF, MY HEIRS, ASSIGNEES, AGENTS, PERSONAL REPRESENTATIVES, AND ANY MINOR CHILD(REN) WHOM I HAVE THE CAPACITY TO REPRESENT, HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE TO HOLD HARMLESS THE SALON, ITS OFFICERS, OWNERS, AGENTS, EMPLOYEES, AND ASSIGNS IF I OR SOMEONE I COME IN CONTACT WITH IS DIAGNOSED WITH COVID 19 (THE "RELEASEES") FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES (INCLUDING WITHOUT LIMITATION REASONABLE ATTORNEYS' FEES) AND COMPENSATION FOR DAMAGE OR LOSS TO MYSELF THAT MAY BE CAUSED BY ANY ACT, OR FAILURE TO ACT, OF THE RELEASEES, OR THAT MAY OTHERWISE ARISE IN ANY WAY IN CONNECTION WITH MY ENGAGING THE SERVICES OF THE SALON OR MY PRESENCE ON THE PREMISES OF THE SALON. I FULLY UNDERSTAND THAT THIS RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT DISCHARGES THE RELEASEES FROM ANY LIABILITY OR CLAIM THAT I, MY HEIRS, ASSIGNEES, AGENTS, PERSONAL REPRESENTATIVES, AND ANY MINOR CHILD(REN) WHOM I HAVE THE CAPACITY TO REPRESENT, MAY HAVE AGAINST THE RELEASEES WITH RESPECT TO ANY BODILY INJURY, ILLNESS, DEATH, MEDICAL TREATMENT, OR PROPERTY DAMAGE THAT MAY ARISE FROM OR IN CONNECTION TO, MY ENGAGING THE SERVICES OF THE SALON OR MY PRESENCE ON THE PREMISES OF THE SALON FROM CONTRACTING COVID 19.**
- (6) This Release, Waiver and Hold Harmless Agreement (the "Agreement") shall be binding on my heirs, my assignees or my personal representatives. The terms of this Agreement shall be construed, interpreted and controlled according to the laws of the State of Illinois. I hereby knowingly and voluntarily waive any right to a jury trial of any dispute arising in connection with this Agreement.

**BY SIGNING BELOW, I ACKNOWLEDGE AND REPRESENT THAT I: (A) AM AT LEAST EIGHTEEN YEARS OF AGE AND AM FULLY COMPETENT; (B) HAVE READ THIS AGREEMENT; (C) UNDERSTAND THIS AGREEMENT; AND (D) ENTER INTO THIS AGREEMENT VOLUNTARILY AS MY OWN FREE ACT.**

ACKNOWLEDGED AND AGREED TO this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_