

APPOINTMENT GUIDELINES & WHAT TO EXPECT

*Guests will be served by appointment only –

You can CALL or TEXT the salon at (816)569-3375 to schedule an appointment.

*Upon arrival we ask that you please CALL or TEXT the salon at (816)569-3375 to let our salon team know that you have arrived. At that time a team member will bring you a release that you will need to read and sign. You may also go to our website www.salononbarry.com to access the documents prior to your arrival. (Select the COVID-19 link at the top of our home page)

**Employees nor guests will be permitted on the premises if they have COVID-19 symptoms

*At this time, we must keep the total number of people present in the salon at any given time at 10 or less. In order to do so the front door will remain locked & we kindly ask that you remain in your car until your service provider is ready for you. At that time a team member will call or text you to let you know that we are ready to take care of you.

*Each guest will be required to arrive at their scheduled appointment with a face mask that must be worn at all times. If you arrive without a mask, we will have one available for you for \$2.00 while our supplies last

**If you are a guest that is unable to wear a mask for medical reasons we ask that you call & speak with us directly

*When entering the salon, a team member will be there to greet you. Before you are seated at the station that your service provider will be taking care of you, we ask that our guest wash their hands or use sanitizer.

At SALON on BARRY our mission is to create a relaxing environment, provide exceptional service and to pursue continuing education to stay up to date on new techniques, which will inspire our guests to look and feel their best. Even in these unforeseen circumstances our mission still remains the same. The measures we have to take are not ideal & it will be a new normal for now that we will all have to get used to. We intend to do our very best to ensure that you have an amazing experience w/ the best of our ability.

We will be taking every precaution to provide the safest environment for each of our guests & our salon team. We will be following all local & state guidelines as well as recommendations from the CDC & the Mo State Board of Cosmetology.

- Guests will be seated at least six feet apart
- All equipment used by a service provider will be sanitized between guests as well as all surfaces guests may have come in contact w/ such as shampoo area, salon chair, station & front desk.
- Clean/sanitized capes and smocks for each guest
- Employees will wear protective facemasks
- Doors and exits will be sanitized

We can all do our part to prevent the spread of illness in our community. You can help by staying home/rescheduling your appointment if you're feeling sick. If you are healthy, we look forward to seeing you with your protective face mask!

**PLEASE REMEMBER THAT IT ONLY TAKES ONE SINGLE PERSON
WHETHER IT BE A GUEST OR ONE OF OUR SALON TEAM
TO FORCE US INTO ISOLATION FOR 2 WEEKS!**

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individual named below (referred to as "I" or "me") desires to participate in SALON SERVICES which shall be provided by JOY BATTAGLIA INC. DBA SALON ON BARRY. As lawful consideration for the value that I will gain by participating in the Activity, I agree to all the terms and conditions set forth in this agreement.

I AM AWARE AND UNDERSTAND THAT THE ACTIVITIES ARE POTENTIALLY DANGEROUS ACTIVITIES AND INVOLVE THE RISK OF SERIOUS ILLNESS, INJURY AND/OR DEATH. I ACKNOWLEDGE THAT I AM AWARE OF THE COVID-19 VIRUS AND ITS ABILITY TO BE TRANSFERRED FROM PERSON-TOPERSON CONTACT. I AM ALSO AWARE THAT ANY PERSON MAY CARRY THE VIRUS AND BE ASYMPTOMATIC. I UNDERSTAND THAT THE COMPANY CANNOT GUARANTEE THAT I WILL NOT BECOME INFECTED WITH COVID-19, DEPSITE THE COMPANY’S BEST EFFORTS TO ABIDE BY STATE AND FEDERAL GUIDELINES SURROUNDING COVID-19. I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES WITH KNOWLEDGE OF THE DANGER OF ILLNESS INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF ILLNESS, INJURY, OR DEATH.

I hereby expressly waive and release any and all claims, now known or hereafter known, against the Company, and its officers, directors, employees, agents, affiliates, successors, and assigns (collectively, "Releasees"), on account of illness, injury, or death arising out of or attributable to my participation in the Activities. I agree not to make or bring any such claim against the Company or any other Releasee, and forever release and discharge the Company and all other Releasees from liability under such claims.

I shall defend, indemnify, and hold harmless the Company and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, arising out or resulting from any claim of a third party related to the Activities.

This Agreement constitutes the sole and entire Agreement between the Company and me with respect to the subject matter of release of liability and assumption of risk contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the Company and me and their respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of MO without giving effect to any choice or conflict of law provision or rule. Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Clay County, Mo and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY.

Signature: _____

Printed Name: _____

Date: _____

COVID-19 PANDEMIC CONSENT FORM

I, _____ (guest name), knowingly and willingly consent to have hair or nail treatments at SALON on BARRY during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms & still may still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing. _____ (initial)

I understand that due to the frequency of visits of other guests and the characteristics of the virus, that I have an elevated risk of contracting the virus simply by being in a salon. _____ (initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below: _____ (initial)

- Fever-Temperature: _____ degrees
- Shortness of Breath
- Loss of Sense of Taste or Smell
- Dry Cough
- Runny Nose
- Sore Throat

I understand that traveling outside or within the United States or other countries hold a great risk of contracting or transmitting COVID-19. I verify I have not traveled within or outside of the US by airline, bus, or train in the past 14 days. _____ (initial)

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the SALON on BARRY guidelines. _____ (initial)

DATE: _____

SERVICE PROVIDER: _____ APT TIME: _____

GUEST NAME: _____ (PRINT) _____ (SIGNATURE)