



INFORMED CONSENT: COVID-19 PANDEMIC

Please review all items listed below. By signing the form, you confirm and agree to all the information presented.

1. I _____ understand that I am opting for a cosmetic service that is not urgent and not medically necessary.
2. I also understand that the coronavirus disease (COVID-19) has been declared a worldwide pandemic by the World Health Organization. I further understand COVID-19 is extremely contagious. State and federal health agencies recommend social distancing.
3. I affirm myself nor any members of my household have been knowingly exposed to anyone diagnosed with COVID-19 or other communicable diseases in the last 30 days.
4. I affirm myself nor any members of my household have not been out of the country or traveled to any known "hot spot" locations in the last 30 days.
5. I recognize that the staff at the Beau Institute are closely monitoring this situation and have put in place reasonable and extensive preventive measures targeted to reduce the spread of this virus. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 if I proceed with this elective service.
6. Accordingly, I acknowledge and assume the risk of becoming infected with COVID-19, and any variation or mutation thereof, through this elective service and I gave my express permission for the staff at Beau Institute to proceed with the service. This consent applies to any follow up or additional services in the upcoming months.
7. I understand that even if I have been tested for COVID-19 and received a negative test result, the tests may not have detected the virus, or I may have contracted COVID-19 after the test. I will not hold the Beau Institute or the Practitioner performing the service responsible for any liability related to COVID-19 and any variation or mutation thereof.
8. I understand that exposure to COVID-19 before, during, or after my procedure(s) may result in complications and/or delayed healing.
9. I have been given the option to defer my service to a later date. However, I understand all the risks including those noted herein and I would like to proceed with this service. I have been offered a copy of this consent form.
10. I understand the explanation and consent to the permanent makeup procedure.

Client Signature: _____ **Date:** _____