



4720 W. Sublett Rd - Ste. #112

Arlington, TX 76017

TO: My Faithful & Loyal Clients

I pray that you and your families have been blessed during this pandemic. Paris Salon Studios is preparing to re-open for business, and safety is our utmost priority; therefore, we will be implementing the following safety precautions moving forward:

1. Everyone MUST wear a face mask (one that go behind the ears) upon entrance
2. Everyone MUST sign a Covid19 Release Form prior to receiving services
3. Paris Salon Studios will be equipped and prepared to take temperatures upon entrance, if desired
4. All Barbers/Stylist MUST wear masks and gloves during services, ensuring these are changed for each client and NOT recycled
5. Only one (1) client can be serviced at a time; meaning there can be no additional people in the room while services are being provided. NO exceptions!
6. We will be extending our hours in order to accommodate the required "staggering" of clients for services
7. Paris Salon Studios Staff will be required to ensure restrooms are properly disinfected after each use, as well as mopping every 4 hours, with recorded times posted for clients to see
8. Paris Salon Studios will have hand sanitizer dispensers available upon entrance into the building, as well as in the break room and restrooms

Please continue to be alert and safe during these trying times, as I'm confident we will come out of this stronger, together!

Paris Salon Studios sincerely appreciates your patronage, and if you should have questions and/or suggestions on additional safety measure we could implement to ensure ALL of our safety, please be sure to share with management.

Sincerely,

DaMone Jones

CEO/Owner



COVID19 RELEASE FORM

Due to the transmission of the COVID19 Virus in the U.S., your health and well-being are of the utmost importance and we are taking necessary steps to ensure the safety of our clients, employees, and our families. Everyone receiving services will be required to complete this release form prior to receiving services.

Please advise if you are suffering from any of the following symptoms?

- | | | |
|---|-----|----|
| 1. Do you currently have a fever? | Yes | No |
| 2. Do you currently have a dry cough? | Yes | No |
| 3. Do you have any breathing difficulties? | Yes | No |
| 4. Do you have severe muscle aches? | Yes | No |
| 5. Do you have continuous chest pains or chills? | Yes | No |
| 6. Have you received notice from the Health Department to stay quarantined due to possible exposure? | Yes | No |
| 7. Are you currently listed in the COVID-19 surveillance list of the Government? | Yes | No |
| 8. Have you had any contact with a Coronavirus patient in the past 14 days? | Yes | No |
| 9. Has any of your immediate family members had contact with a Coronavirus patient in the past 14 days? | Yes | No |
| 10. Have you traveled to any of the COVID19 affected cities/countries in the past 14 days? | Yes | No |

If you have answered "Yes" to any of these, we will reschedule your appointment for a future date and ask that you seek immediate medical attention.

I confirm that I have provided truthful responses and understand and agree that Paris Salon Studios should not be liable as they have provided a clean and sterile environment to ensure the safety of their clients.

Printed Name

Date

Signature