

COVID-19 RISKS, ASSUMPTION, EXPOSURE, LIABILITY WAIVER & DOCUMENTATION

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CLIENT SERVICE(S): \_\_\_\_\_ CLIENT TEMPERATURE: \_\_\_\_\_

I, \_\_\_\_\_ (PLEASE PRINT YOUR NAME)

**PLEASE COMPLETE THE SURVEY BELOW:**

- Do you have a **Fever** (temperature over 100.30F) without having taken any fever reducing medications?  
**YES or NO (circle one)**
- Do you have a **Loss of Smell or Taste**?  
**YES or NO (circle one)**
- Do you have a **Cough**?  
**YES or NO (circle one)**
- Do you have **Muscle Aches**?  
**YES or NO (circle one)**
- Do you have a **Sore Throat**?  
**YES or NO (circle one)**
- Do you have **Shortness of Breath**?  
**YES or NO (circle one)**
- Do you have **Chills**?  
**YES or NO (circle one)**
- Do you have a **Headache**?  
**YES or NO (circle one)**
- Have you experienced any gastrointestinal symptoms such as **nausea/vomiting, diarrhea, loss of appetite**?  
**YES or NO (circle one)**
- Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?  
**YES or NO (circle one)**
- Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?  
**YES or NO (circle one)**

**\*\*THE INTERNATIONAL BARBER COLLEGE DOES ADOPT THE RIGHT TO REFUSE SERVICE(S) SHALL A CLIENT/GUEST/CUSTOMER SHOW SYMPTOMS OF COVID-19 WE THANK YOU FOR YOUR UNDERSTANDING AND ASSISTANCE WITH KEEPING OUR STUDENTS, EMPLOYEES, AND FELLOW CLIENTS SAFE.**

**If you reply YES to any of the questions in the checklist, stay home and follow the steps below:**

1. Call or Email the COVID-19 HR Response Team at 413-687-2283 or [COVID19HR@umass.edu](mailto:COVID19HR@umass.edu).
2. And Contact the leadership team at the **International Barber College**

By signing below, I confirm that all the information I have provided is true and I understand that upon returning to the **International Barber College**, I also waive all of my rights including third parties associated to me, to hold the **International Barber College** and all leadership members, owners, third parties, and students accountable if I

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contract the COVID-19 virus. I understand the risks and dangers to myself, my family, and other third parties I am affiliated with upon my return on campus and that these risks can be life-threatening to myself and others while being on campus and working with the public. I do not and will not hold the International Barber College and all who are affiliated reliable in any form. I also understand that if I am not comfortable to return, I am given the option to take a Leave of Absence or withdrawal my enrollment with a request in writing.

Print Name: Signature: Date:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations prohibited the congregation of groups of people.

The International Barber College ("IBC") has put in place preventative measures to reduce the spread of COVID-19; However, IBC cannot guarantee that you or anybody that you are associated with or related to will not become infected with COVID-19.

(Initials) Further, attending, visiting, or receiving services at IBC could increase your risk and your affiliates regardless of relations' risk of contracting COVID-19. (Initials)

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and everybody else that I come into contact with in any form, may be exposed to or infected by COVID-19 by attending, visiting, and/or receiving services at IBC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. (Initials)

I understand that the risk of becoming exposed to or infected by COVID-19 at IBC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, IBC employees, Students, and program participants and their families. (Initials)

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and everybody that I have been in contact with or will be in contact with prior to my visit at IBC and after my visit at IBC, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or everybody that I am affiliated with or come into contact with, may experience or incur in connection with my attendance or participation at IBC. (Initials)

On my behalf, and on behalf of all I come into contact with, related to, and affiliated with in any form, I hereby release, covenant not to sue, discharge, and hold harmless the International Barber College, its employees, agents, and students, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the IBC, its employees, agents, and Students, whether a COVID-19 infection occurs before, during, or after participation in any International Barber College's provision and affiliations. (Initials)

By signing, I am waiving all rights to take legal action against the International Barber College and all parties affiliated, in the risk and attempt that I (and anybody affiliated with me & mine) unfortunately catch COVID-19. I am thoroughly and at my own free will signing and understanding that in the event I (and everybody affiliated with me) catch COVID-19, the International Barber College and all parties affiliated, are not responsible and are not to blame. By signing, I forfeit (or "releases") all known and unknown legal claims against the International Barber College and all parties affiliated: (Initials)

Print Full Name: Signature: Date: