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**Open**



# COVID-19 Liability Waiver

## Date

MM-DD-YYYY

Date

## Name

First Name

Last Name

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Euphoria Studios LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Euphoria Studios LLC can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, salon staff, and other salon clients and their families. I voluntarily seek services provided by Euphoria Studios LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment. I attest that:



## Restraining Order

Client always fills form when seen in Med

Person in ① must complete items ①, ②, and ③ only.

### ① Protected Person

a. Your Full Name: \_\_\_\_\_

Your Lawyer (if you have one for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

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

b. Your Address (if you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Court file in case number when seen in Med

Case Number: \_\_\_\_\_

### ② Restrained Person

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

Description:

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Home Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Protected Person: \_\_\_\_\_

### ③ Additional Protected Persons

In addition to the person named in ①, the following family or household members of that person are protected by the temporary orders indicated below:

Full Name	Sex	Age	Household Member?	Relation to Protected Person
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Check here if there are additional persons. List them on an attached sheet of paper and write "Attachment 3-Additional Protected Persons" as a title. You may use form MC-025, Attachment.

The court will complete the rest of this form.

### ④ Expiration Date

This Order expires at the end of the hearing scheduled for the date and time below:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.



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