

Refund Policy

Due to the nature of the service refunds are not given, please contact us should any issues arise after your service.

By signing below I agree to the following;

I have completed the form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my technician and the establishment for any injury or damages incurred due to any misrepresentation of my health.

Package purchased: _____

Price and pay agreement: _____

Notes: _____

Client Name (Print): _____

Client Signature: _____

Technician Signature: _____

Date: _____