

## Skin Care Policies and Procedures

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Please note in rare instances, facials can cause certain side effects such as redness, swelling, and tenderness of the areas treated as well as temporary breakouts.

### Cancellation Policy

**Please be aware that late cancellations or no-show appointments will be charged 50% of the appointment fee.**

It is requested that if you must cancel your appointment, that you provide more than 24 hours' notice. A cancellation is considered to be late when the appointment is canceled without a 24-hour advance notice. A "no-show", is a patient who misses an appointment without canceling it. This includes arriving 15 minutes after your scheduled appointment.

Any occurrence of a late cancellation or a "no-show" within 24 hours will be subject to a fee of 50% of the visit applied to the credit card stored on file 24 hours after the visit booking time. We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

### Hold Harmless

Please be aware that we have the right to deny any service due to the condition of skin, medical condition, or any reason.

It is my responsibility to notify the esthetician of any health conditions, allergies, and medications and that my treatments will be based upon the information I have provided. I understand that estheticians are not able to diagnose or treat any medical conditions, and that any health concerns I have should be addressed by the doctor or other qualified medical health practitioner.

I understand that it is not possible to state every complication that may occur as a result of treatments. I also understand the importance of following homecare instructions, and I will call and speak with an esthetician should I have any questions or concerns following my treatment. I understand there are no guarantees with regard to the result of this treatment, due to many variables, like: age, condition of the skin, sun damage, smoking, environmental pollutants, etc. I understand that to achieve maximum results, it may require several treatments.

I consent to receiving today's services, and I release Grand Rapids Natural Health, its employees, Independent contractors, and affiliates from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any damage or injury that may be sustained by me, whether caused by the negligence of the Grand Rapids Natural Health, or otherwise, during and after services, and/or by my participation, as a result of products I purchased from the facility. I also understand that if my service is rendered by Madelon Hassberger (Mad About Me, LLC), that Madelon Hassberger and Grand Rapids Natural Health, LLC are two separate entities, which conduct separate practices and exercise no control over own another. I will not hold Grand Rapids Natural Health, LLC responsible for any actions or inactions of Madelon Hassberger (Mad About Me, LLC). I acknowledge and represent that I have read this foregoing waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act; no oral representation or written statements have been made. I am at least eighteen (18) years of age and fully competent.

My signature below constitutes acknowledgement that all the information I have provided is true and accurate and that I understand and agree to the terms and conditions outlined in all pages of this document. I understand the above information and I consent to receive services from Grand Rapids Natural Health, its employees, independent contractors, and affiliates.

I give Grand Rapids Natural Health permission to subscribe me to monthly newsletters and promotional deals.

yes       no

Signature \_\_\_\_\_

Date \_\_\_\_\_