# Harmony Life Holistic Center - Policies

i,, read and agreed to the ronowing poner	agreed to the following policies:	,, read and agreed	]
---	-----------------------------------	--------------------	---

## **Time Management and Missed Appointments:**

- I will arrive 10 minutes before my appointment.
- I understand that the center has a tight schedule that will not permit longer sessions.
- I understand that in case of my lateness:
  - o Less than 15 minutes: I receive shorter session
  - More than 15 minutes: Missed appointment. My session will be rescheduled and I will be charged the full session fee
- I understand in case when the session cannot be cut short it will be marked as a "no-show" and will result in full session fee charged to my account.

### **Cancelation:**

- If needed I will reschedule/cancel my appointment at least 24 business hours in advance:
  - I understand there are people on the waiting list who are looking for earlier appointments. I understand that my failure to do so will result in full session fee charged to my account.
  - o I authorize the practitioner to charge me the full fee for all missed appointments that were not canceled 24 business hours in advance

### Sauna Policies:

- For my comfort and the comfort of others I will bring a swim wear to each Sauna session.
- I understand there may be 2 or more people in the sauna.
- I was informed that Private sauna sessions (\$60) are available to those who desire a complete privacy.
- I will respect privacy and comfort of others as they respect mine and will inform the center in advance when I want to come with the friend of the opposite sex to the sauna session.
- I will not use any scented products not provided by the center
- I will not take any drinks into the sauna
- I will keep my sauna session to the appointed length and will take all my belongings with me to the shower and will not disrupt sessions of people who come after me.
- I will put used sheets and towels into the laundry basket.
- I understand:
  - o The use of drugs or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
  - O Please contact and consult your physician if you are in doubt of your ability to use the infrared sauna for health reasons.

# Harmony Life Holistic Center - Policies

- O No clients under the age of 18 are permitted in the infrared sauna unless accompanied by a supervising adult.
- Please discontinue the use of the infrared sauna if you feel light-headed, dizziness or heat exhausted.
- O Sauna sessions should be limited to a maximum of 30 40 minutes.
- o It is advised to drink plenty of water before and after your sauna session.
- O Clients using any medications must consult a physician prior to the use of the infrared sauna.
- o Pregnant women could not use the infrared sauna.
- o Women could not use the infrared sauna during their menstrual period.
- O Clients with a medical history of circulatory system problems must consult a physician prior to using infrared sauna.
- O Do not use any chemicals or lotions prior to your sauna session. These items may block pores and effect perspiration as well as stain the wood of the sauna.
- o Clients with implants should consult physician prior to using sauna.
- O Clients must inform practitioner of any changes in their medical history.
- O Clients must wear swim wear during the sauna session.
- I acknowledge and accept the risks inherent in the use of the infrared sauna. I voluntarily assume the risk of injury, accident, or death which may arise from the use of the infrared sauna. I and any of my heirs, executors, representatives, or assigns hereby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the infrared sauna and from any advice provided by an employee, independent contractor or any representative.
- I further understand that Harmony Life and its therapists are NOT A Medical Doctor and is NOT attempting to portray, or conduct the activities of a Medical Doctor and I release her, the Facility and Manufacturer from any adverse effects I may incur by the use of the infrared sauna.
- I have carefully read the above safety instructions for using the infrared sauna. I fully understand them and fully agree to comply with instructions. This agreement is in effect for all infrared sauna sessions/treatments and will not expire unless requested by either party.

#### **Children:**

- I understand:
  - O No children under the age of 9 are allowed into the center and are not permitted into the treatment rooms
  - o I have to make my own babysitting arrangements outside of the center
  - o The center is not child-proof and I am responsible to pay for all the damages
  - o I will pay for other clients if their sessions are interrupted or cannot start on time because of my child behavior
- I agree to clean after my child and will bring appropriate cleaning materials

# Harmony Life Holistic Center - Policies

### Noise:

- I will turn off all my electronic devices before arriving at the center to create a peaceful and relaxing environment for everybody in the sanctuary.
- I will keep my voice down to respect the privacy of other clients as they respect mine.
- I will not engage in any phone conversation in the center and my phone will remain silent.

#### Food:

• I understand that no outside food or drinks, but water, are permitted at the center

#### Weapon:

• I understand that: no weapons, concealed or otherwise, are permitted at the center

# **Credit Card Capturing:**

We now require credit card information to book the appointment. Your credit card will not
be charged. It is securely stored by the credit card processing company and we have
No access to this information.

### **Service Denial:**

- I understand that the center will deny me of any services if I do not follow the above policies and I have to pay the full fee for any sessions that might be canceled and for all the damages.
- I understand that if I refuse to pay any penalties or fees as described above I will be reported to the credit bureau and to the collection agency.

I will pay all my fees at the time of service

Name:				
Address:				
City:	Sta	ate:	Zip:	
Phone:				
Sionature:			Date:	

Important Information About Missed Appointment Charge: We understand that genuine emergencies happen which could prevent you or someone else calling, in which case you will not be charged.