

UPDATED POLICIES

SPA ETIQUETTE

It is essential that you arrive 10 minutes prior to your first scheduled appointment. This will allow you enough time to check-in, relax, complete new client intakes and enjoy complimentary snacks and infused water in our Zen Room. Please note that your scheduled time is your table time. If you arrive late, your session will end as scheduled.

*Please Speak Softly – Brilliant Bodywork is a Quiet Healing Place

*Please Turn Cell Phones Off in Order to Keep Serenity in the Spa

*Please Respect Our Other Guests - Right to Solitude

Change/Cancellation/No-Show Policy

Our Therapists are highly trained professionals who are scheduled to serve you based upon the confirmed appointments you make. We kindly request that changes and cancellations be made within 24 hours of the reserved time. A second infraction will result in a cancel fee of 50% of the total service cost. Individuals who do not show up for a scheduled appointment without a cancellation will be subject to a 100% payment of the scheduled appointment. A credit card guarantee may be required for spa services.

Please note that prices and offerings subject to change without notice.

****We have been very blessed that this has not been an issue in the past and we thank you for your understanding and business.**

a.) I understand that: There is a 24 hours' notice required for cancellation of an appointment, and that a fee of 50% of the cost of the scheduled service will be charged to me when this courtesy is not provided. I understand that missed appointments without a cancellation will be charged 100% of the service fee.

Initial _____ Date _____

b.) I understand that: I am to arrive 10 min before my scheduled appointment. (This prevents any stress in scheduling to you or the therapists. This also allows you time to have a fresh beverage, use the facilities, and relax before your session) You are here to relax and recover.

Initial _____ Date _____

c.) I understand that: I am to notify my service provider of any changes in my health care/Medical History.

Initial _____ Date _____

Client Name (printed) _____

Client Name (signature) _____