

## Daily Glow Policies

### ***Your Rights and Responsibilities as a Guest***

To enjoy your spa experience to the fullest, please observe the Code of Conduct and act responsibly to help ensure your satisfaction, comfort, and safety, as well as that of others.

### **As a guest, it is your responsibility to:**

- Communicate your preferences, expectations, and concerns
- Communicate complete and accurate health information and reasons for your visit
- Treat staff and other guests with courtesy and respect
- Use products, equipment and therapies as directed
- Adhere to the spa's published policies and procedures

### **Cancellations:**

#### **Everyone's time is valuable, so it is important to be on time to your appointment.**

A \$50 deposit is required to reserve an appointment. We require a 24-hour cancellation notice for all services. Deposit will be forfeited for appointments canceled with less than 24-hour notice.

You can reschedule appointments **at least 24 hours** prior to your scheduled appointment. Please call our office at 619-612-7226.

### **Tardiness:**

If you arrive within 15 minutes of your appointment time, your treatment will end on time so that the next appointment may begin as scheduled. Should this happen, your service will be charged in full. If you arrive more than 15 minutes past your appointment time, you will be asked to reschedule.

### **Right to Refuse Service:**

We reserve the right to refuse or discontinue service to anyone demonstrating behavior that is perceived to be inappropriate or disruptive to our office's atmosphere.

### **Returns:**

Due to the nature of the products we sell (cosmetics, skincare), we do not accept returns.

### **Children:**

To ensure the safety of children and the enjoyment of all clients, we ask that parents or guardians make other arrangements for their children while they are receiving services.

### **Payments/Deposits:**

We accept Visa, MasterCard, Discover, and Zelle.

Your signature below indicates you read the entirety of this policies page and all questions have been answered to your satisfaction. You agree to the terms and conditions above.

---

Patient's Signature

---

Date