



CANDICHANEL BEAUTY BAR
LLC

SAVANNAH, GEORGIA

PH.: 912-695-0599

CANDICHANELBEAUTYBARLLC@GMAIL.COM

Service Agreement

The following provisions apply to the services to be performed for

(Client Name)

At CandiChanel Beauty Bar, LLC. (CCB)...

(1) SERVICES TO BE PROVIDED

The Office provides vaccum therapy, non surgical buttocks enhancement, skin tightening, ultrasound, laser, and radio frequency treatments. _____ (Initials)

(2) PAYMENT

Payment in full is to be made prior to the start of any program at CCB. _____ (Initials)

(3) CLIENT COOPERATION

This Agreement contemplates full Client cooperation in the course of services agreed upon. This cooperation includes Client's agreement to remain active in the recommended program for _____ body contouring visits. The Client recognizes that compliance with recommended services and service schedule is important and the Client agrees to follow the service plan and the course of treatment agreed upon. The Client understand that lack of cooperation, failure to keep appointments and engaging activities identified by the office as potentially counterproductive to the body may necessitate additional treatments to those otherwise provided for this Agreement. Our office policy requires 24-hour advance notice for appointment cancellation. Failure to do so may result in deduction of pre-paid visits. _____ (Initials)

(4) TERMINATION

Subject to the provisions of paragraphs 5 and 6 of this Agreement, the Client may discontinue care and terminate this Agreement at any time by written notice to that effect delivered in person, or by mail, to the office. Such "notice of termination" shall discharge the office from all further obligations and/or duty to render care to the client. The office reserves the right to terminate this Agreement in its sole discretion not withstanding any other terms or provisions of this Agreement. _____ (Initials)

(5) NO REFUNDS IN THE EVENT CLIENT TERMINATES AGREEMENT

To encourage commitment and follow-through, Beautiful Body Contouring offers no refunds. No refunds will be made on body contour treatments. There will be no exceptions. The prepaid program cannot be altered, shared or transferred, nor can it be combined with any other program. _____ (Initials)

(6) NO GUARANTEE OF RESULTS

Client recognizes that neither Office personnel nor this Agreement provides a guarantee of results. The Office makes no guarantee of the extent or longevity of improvement to be expected. This Agreement deals solely with the services to be rendered and the fees to be paid for the care as provided. The Client’s payment obligation is not contingent upon the outcome of services. Client’s results can be hindered and/or suppressed by the consumption of the following, but are not limited to, alcohol, processed foods including, but not limited to, sugar-based foods and drinks, etc. It is recommended to consult your physician for dietary modification clearance if you have any questions or concerns.

_____ (Initials)

(7) TIME LIMITATION FOR SERVICES

Client understands that unused visits will expire if not used within 120 days from the date Client starts the treatment unless the Office has been provided with advance notice in writing of leave of absence or other cause of delay. After 24 weeks, all outstanding services/visits will be void. _____ (Initials)

(8) RELEASE OF LIABILITY

Client agrees to indemnify, hold harmless and release CandiChanel Beauty Bar, LLC., its agents, employees, officers, directors, representatives, assigns, members, affiliated organizations, and insurers, and others acting on the Company’s behalf, of all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, and further agrees that except in the events of the Company’s gross negligence or willful and wanton misconduct, no claims, demands, legal actions and causes of action, shall be made against the Company for any economic and non-economic losses of any kind.

_____ (Initials)

(9) YOUR RESPONSIBILITIES

- 1. Keep your appointments. We require 24-hour advance notice to reschedule/cancel an appointment.
- 2. Follow your program as closely as possible. Report any deviations to the Office staff so that we can help you
get back on track.
- 3. If you have any challenges whatsoever, please share them with us immediately. Remember, it is in both our
interests for you to succeed in achieving your goals.
- 4. If you have any medical conditions, please share this program with your physician immediately.
Beautiful

Body Contouring, Inc., is not a medical facility and does not make medical decisions.

_____ (Initials)

(10) GOVERNING LAW

This Agreement shall be governed, construed and interpreted by, through and under the Laws of the State of Georgia.

(11) COMPLETE AGREEMENT

This Agreement constitutes the complete agreement and understanding between Client and Office and will not be changed or modified in any way unless agreed to by both parties in writing. _____
(Initials)

PLEASE READ THIS DOCUMENT CAREFULLY.

DO NOT SIGN THIS AGREEMENT BEFORE YOU HAVE READ IT COMPLETELY.

THE CLIENT HAS FULLY READ THIS AGREEMENT AND ANY SUPPLEMENT HERETO, AND UNDERSTANDS AND

AGREES TO ABIDE BY ALL OF THE TERMS HEREOF.

Client Name Date

Client Signature Date

OFFICE ACCEPTANCE:

BY:

Date