

SERVICE AGREEMENT

SERVICES:

This Agreement pertains to the services provided by Farah Andre, hereinafter referred to as "Service Provider," and the receipt of these services by "Client."

The Service Provider, operating under Endless Konnections, offers a range of holistic services tailored to the client's needs. These services include, but are not limited to:

Energy and Tarot Readings:

Intuitive and insightful readings, incorporating various divination tools such as tarot, akashic records, and pendulum.

Reiki Healing Sessions:

Hands-on or distant Reiki sessions aimed at balancing and aligning the client's energy centers for overall well-being.

Keynote Speaking:

Engaging and informative keynote speeches on topics related to holistic wellness, spirituality, and personal development.

Nursing Services:

Professional nursing services, drawing on over [number of years] years of experience in diverse healthcare settings.

Services may include health assessments, wellness coaching, and other nursing-related care.

Other Services Under Endless Konnections:

Clients have the option to explore and engage in additional services provided under Endless Konnections.

These services encompass a wide range of offerings

designed to promote holistic well-being and personal growth.

<u>Customized Packages:</u>

Clients have the option to customize service packages based on their specific needs and preferences. The Service Provider will work collaboratively with clients to tailor services for an optimal and personalized experience.

Client Consultation:

Prior to the delivery of services, the Service Provider will conduct a comprehensive client consultation to understand the client's goals, expectations, and preferences. This ensures that services are aligned with the client's unique needs.

Client Responsibilities:

Communication:

Maintain open and transparent communication regarding expectations, preferences, and any specific requirements for the services.

Collaboration:

Actively participate in the collaborative planning of services, especially in the customization of packages to suit individual needs.

Feedback:

Provide constructive feedback after each session to enhance the overall quality of services.

CONFIDENTIALITY:

The Service Provider and the Client agree that all information shared during the provision of services is confidential and will not be disclosed to any third party without the prior written consent of the Client, except as required by law.

NO MEDICAL DIAGNOSIS OR TREATMENT:

The Parties acknowledge that the services provided by the Service Provider are not a replacement for professional medical, psychological, or psychiatric treatment. The Service Provider does not diagnose or treat clients for any medical reasons.

PAYMENT:

The Client agrees to pay the full amount due for the requested service(s) as specified by the Service Provider. Payment shall be made in accordance with the agreed-upon terms. Payment for services secures the reserved date and time slot as requested by the Client.

Payments for services are non-refundable. The Client understands and accepts that once the payment is made, it is not eligible for a refund.

Tips are welcomed and greatly appreciated. They can be provided directly to the Service Provider as a token of appreciation for the services rendered.

CANCELLATION/RESCHEDULING:

In the event that the Client needs to cancel or reschedule a service, the Client shall provide notice to the Service Provider at least 24-48 hours in advance. The Client understands and accepts that payments for services are non-refundable. Should the Client need to cancel or reschedule and wishes to inquire about possible exceptions, they may contact the Service Provider for further consideration.

RIGHT TO REFUSE SERVICES:

The Service Provider reserves the right to refuse services to individuals at their discretion.

GOVERNING LAW:

This Agreement shall be governed by and construed in accordance with the laws of Massachusetts.

ENTIRE AGREEMENT:

This Agreement constitutes the entire agreement between the Parties and supersedes all prior understandings, agreements, or representations, whether written or verbal.

Travel Fee and Client Responsibilities:

In the event that services are requested at a location beyond a [specified distance] radius from the practitioner's base of operations, a travel fee will be applied to the standard rates. The travel fee will cover expenses associated with transportation, parking, and any additional travel-related costs.

Rates Adjustment:

For locations within [specified distance] radius: Standard rates apply.

For locations beyond [specified distance] radius: A travel fee will be determined based on the distance and will be communicated to the client prior to scheduling.

Client Responsibilities:

Parking: Clients are responsible for providing convenient and cost-effective parking for the practitioner during the entire duration of the service.

Flight: If air travel is required, clients are responsible for booking and covering the cost of round-trip flights, if applicable.

Hotel Accommodations: For engagements requiring an overnight stay, clients are responsible for booking and covering the cost of hotel accommodations for the practitioner.

Billing and Reimbursement:

Travel Fee: The travel fee will be invoiced along with the standard service fees and is due before the scheduled service date.

Travel Expenses: Clients will be billed directly for any additional travel-related expenses, such as flights and hotel accommodations, and these costs must be settled before the scheduled service date.

Cancellation Policy:

If the client cancels the service after travel arrangements have been made, the client is responsible for reimbursing the practitioner for any non-refundable travel expenses incurred.

Agreement Acceptance:

By engaging in services that require travel, the client acknowledges and agrees to these travel-related terms and responsibilities.

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Ву	signing	below,	the	Parties	a	cknow	ledge	their
und	erstanding	g and	acce	otance	of	the	terms	and
conditions outlined in this Service Agreement.								

Signature:	(Client)
Date:	