

Sculpt & Glow Holistic Rejuvenation™

Disclaimer & Terms of Engagement

A Warm Welcome to Your Sculpt & Glow Holistic Rejuvenation™ Experience

My mission is to provide you with a luxurious, deeply rejuvenating experience that leaves you looking and feeling your best. Every treatment is designed with care, precision, and an intuitive touch, ensuring you receive the highest level of attention.

While I do everything I can to make your time with me special, some important policies ensure the best results and a smooth experience for you and all my clients.

Thank you for your understanding and for choosing me to be part of your self-care!

Payment, Cancellation & Rescheduling Policy

- **All treatments must be paid for in advance** to secure your appointment.
- If you need to **cancel or reschedule**, please provide at least **48 hours' notice** (Monday to Friday, 9:00 AM – 6:00 PM).

Changes made **outside of these hours** or with **less than 48 hours' notice** will result in a forfeited session.

- **No-shows** or missed appointments are **non-refundable**.
- Sessions forming part of a treatment programme are **non-refundable and non-transferable** and must be used within the designated time frame.

Late Arrival Policy

I want you to enjoy the full benefits of your treatment! To ensure this:

- Please arrive **on time** so we can make the most of your session.
- If you arrive **late**, your treatment may be shortened, and the full fee applies.

My Commitment to You: A Non-Invasive, Holistic Approach

Sculpt & Glow Holistic Rejuvenation™ is a **non-invasive, holistic treatment** designed to support and enhance your natural beauty and overall well-being. All guidance provided is for informational purposes only and, while the treatment may contribute to improved skin health and vitality, **it is not a substitute for professional medical care**.

Please consult your doctor if you have specific health concerns or symptoms.



My Role as an Integrated Medicine Practitioner

As an integrated medicine practitioner, I bring a deep understanding of holistic health and wellness to my clinic. Notwithstanding, Sculpt & Glow Holistic Rejuvenation™, is a **medic-aesthetic treatment** designed to help you achieve **radiant, lifted and healthy skin**. It is NOT an opportunity to discuss unrelated health issues.

If you have medical issues that fall outside the scope of your treatment, I kindly ask that you **schedule a separate consultation** with me or an alternative health professional.

Individual Results May Vary

Your skin is unique, and so are your results! While many clients see incredible improvements, outcomes will always depend on **age, genetics, skin type, lifestyle, and consistency**. Multiple sessions (6 or 10) and regular maintenance may be recommended to ensure the maximum benefit long term.

Your Safety & Well-Being is Paramount

Your comfort and safety with the best outcomes are my top priority.

Before signing this document, please consult the 'Contraindications' section under 'Aesthetic Medicine' at www.NutriLifeClinic.com to confirm your suitability for treatment.

If you have any related concerns, please discuss them with me prior to booking.

Pre- & Post-Treatment Care: Enhancing Your Results

To make the most of your treatment and minimize any potential side effects, I will provide you with **pre- and post-treatment recommendations**. Please follow these carefully to enjoy the best results possible.

I am always here to guide you should you have any questions.

My Promise to You

I am committed to creating a **calm, nurturing, and luxurious space** where you can relax, restore, and glow inside and out. Every session will be tailored to your individual needs, and I look forward to supporting you on your self-care journey.

Please sign and return the following page



Client Acknowledgment & Agreement

By signing below, I confirm that:

- ☒ I have read and fully understand the **Sculpt & Glow Holistic Rejuvenation™ Disclaimer and Terms of Engagement**.
- ☒ I have consulted the **Contraindications** section at www.NutriLifeClinic.com to ascertain my suitability for treatment.
- ☒ I have disclosed any relevant **health conditions, medication, or skin concerns** to ensure my comfort and safety.
- ☒ I acknowledge that **this is a holistic wellness treatment, not a consultation for unrelated health concerns**.
- ☒ I accept that **individual results may vary** and that I must follow all **pre- and post-treatment care** for the best results.
- ☒ I release NutriLife Clinic / The Life & Soul Doctor / Janine Fahri from any liability should I experience an **adverse reaction** due to undisclosed health information or failure to follow care instructions.
- ☒ I understand the **payment, cancellation, and rescheduling policies** and agree to abide by them.

Client Name (Printed): _____

Client Signature: _____

Date: _____