COVID-19 Information

Name:	Date:
	d of the new policies for the studio. signifies acceptance of these policies.
greater flexibility to all our clients. We labout an upcoming appointment. If you you are not feeling well, I understand ar	D-19, we have modified our cancellation policy to offer hope this will alleviate any stress and hesitation you have need to reschedule for whatever reason, and especially in a request for you to please contact the studio as soon as art you, there will be no penalties for cancellations at this
1.1	I cannot extend beyond the stated time to accommodate e space can be cleaned prior to the next appointment atment.
Sickness	
1 11 1	riate care for infectious or contagious illness. Please are aware of an infectious or contagious condition. If it cancellation fee will be waived.
Signature:	Date:

