

Title: Ms Miss Mrs Mr Date of birth: _____ / _____ / _____

Full Name: _____

Point of contact

Mobile _____ Phone call SMS text

Landline _____ Home Work

Email _____

Address: No. & Street _____

Suburb: _____ **Post Code:** _____

How did you hear about us:

Word of mouth Web/Internet Flyer Advertisement in: _____

Referred by: _____ Other: _____

CANCELLATION POLICY:

We aim to bring the benefits of cosmetic enhancement to the people of Sydney, in an honest and truthful manner. We aim to offer you a first class service at a competitive price. If we have appointments where you don't attend, the ability to offer this service will suffer. Therefore, we will reserve the right to charge a fee of \$25/half hour appointment. i.e. 1hr appointment = \$50 cancellation fee. if you do not give us adequate notice (by 5pm day before appointment) of a cancellation or reschedule. Generally, this can be avoided with your cooperation.

We can guarantee you that any information collected from you will be held in our strictest confidence. You will be presented with a total plan for your chosen treatment; any treatment alternatives will be discussed with you and any questions you may have will be answered.

Quality cosmetic enhancement is a great investment when you consider the amount you would spend otherwise on "concealments" and how much it will improve your well being. Our fees are based on the degree and complexity of the procedures, as well as the time and expense involved in providing our services. If you compare our prices, you will find that we are very competitive. This is due to our lower overheads, and does not reflect a lessening of our high quality of service. Our nurse consultations and those of the cosmetic specialist are free to you and the fee from our doctor can partially be claimed through Medicare where applicable.

In order to properly perform your treatment(s) and avoid possible contradictions, please tell us, when we meet you, all health issues (including surgeries, conditions and allergies) that you may affect you.

Also, you need to be aware of your role with the risks and financial obligations of any services that we provide you. Your signature below indicates that you, understand, acknowledge and agree that: (i) the facilities and services offered by Energise PTY. LTD. involve risks: (ii) You have provided all the relevant information above, regarding your current health status: (iii) You are am seeking the spa services at your own free will; and (iv) You assume all risks associated therewith. On behalf of yourself and your heirs, you therefore release and discharge Energise PTY. LTD. (the "Owner") and all of their affiliates, subsidiaries, employees, directors, officers, agents, landlords, representatives, successors, assigns of the owner from any and all claims or causes of actions arising out of or relating to the spa services, including but not limited to, those resulting from bodily injury, theft, loss of, or damage to, property of yours (v) You agree to pay the consultation and service fees as charged.

Signature: _____

Date _____