



INDEMNITY FORM

All information is strictly confidential & remains the property of Royal Gel-ly Mobile Spa

Name: _____ Email: _____

Mobile: _____ Date of Birth: (D/M) _____

Home: _____ Therapist: _____

Date: _____ Arrival time: _____

Cancellation Policy

I understand that Royal Gel-ly Mobile Spa & Wellness reserves the right to charge a 75% cancellation fee for appointments cancelled or broken without 24 hours' notice. Therefore appointments need to be cancelled accordingly:
Single Treatment = 24hrs advance, Multiple Treatments = 2day advance, Group Events = 7days prior.

Arrival Times

We kindly ask that you are present at the arranged location 15 minutes before your appointment to allow setup time however should the therapist arrive late due to the unlikelihood of travel unpredictability treatment time will only commence after setup has be done. Should you arrive after scheduled treatment time or keep a therapist waiting to conduct the session, your treatment time will be shortened and completed at the original scheduled time to allow the therapist to be on time for the next appointment. Please provide an area that has ample room for the required treatment preferably in an area that will be quiet and free from distractions.

Terms & Conditions

1. You are required to provide us with accurate and true information about your health. The therapist will discuss the procedure and technique that will be used during the massage. You have the right to ask the therapist to stop, change the technique or stop the session should you feel uncomfortable at any time.
2. Payment to be made in advance, before the massage/treatment session commence.
3. Any illicit or sexual suggestive remarks or advances made will result in the session terminated immediately, thereby forfeiting your payment.
4. Travelling is charged accordingly depending on the distance of venue.

Waiver of Liability :

I confirm that to the best of my knowledge, the answers I have given are correct and I have not withheld any information that may be relevant to my treatment. I am aware that it is my responsibility to inform my Therapist of my current health conditions and to update this history as current medical history is essential to execute appropriate treatment procedures.

I hereby confirm that I am physically and medically fit to proceed with the routine of treatments offered by Royal Gel-ly Mobile Spa & Wellness, which I hereby voluntarily undertake. I have read and understand this form and have answered it accurately. By signing this form, I hereby indemnify and hold harmless Royal Gel-ly Mobile Spa & Wellness, affiliates, subsidiaries, representatives, agents, staff and suppliers, from and against all liabilities, claims, expenses, damages and losses, including legal fees (on an indemnity basis), arising out of or in connection with the spa treatments, services and/or facilities.

Client Signature: _____

Date: _____