**Gemini Nails and Tan**

**Policy Procedure**

***Clients should be aware that we have a ‘3 strike rule’.***

* The ‘3 strike rule’: After a no-show or late cancelation three times, upon the 3rd time, clients are to pay upfront for treatment.
* Clients are requested to inform us if they are going to be late for an appointment; we please ask that you consider other appointments that are booked and the ‘knock-on’ affect this poses.
* If you need to cancel an appointment please do so at least 24 hours before your booked appointment.
* We will not provide any nail extension treatments to anyone less than 16 years of age unless the parent/guardian is present.
* We will not provide ANY treatments to anyone less than 14 years of age. Unless for a children’s package.
* We will NOT treat any persons that may have an infection; I can advise upon a course of action but recommend that you seek medical attention.
* Other technicians nail extensions will be removed and a new set applied as we are unaware what products have been used, this will be charged the Cost removal plus new extension treatment.
* Clients are responsible for any damage/breakages of their extensions after they have left.
* I ask that clients please leave children and animals at home due to the chemicals used.
* Please do not touch/fiddle with any of the products/chemicals that I use as this can be extremely dangerous and distracting.
* Please follow the advice and aftercare given to you for your treatments.
* I will not tolerate any bad language or abusive behaviour towards staff.
* \*Spray tan\* DHA does not take to all Skin Types if you have a spray tan and it does not take to your skin( This Happens Rarely) it is NOT the fault of the therapist and no refund will be given.
* We Reserve the right to refuse service at any time. This does not affect your statutory rights.
* The 20% Birthday Discount cannot be used in conjunction with any other offers.
* The loyalty discount cannot be used in conjunction with any other offers.
* All vouchers sold are non refundable.

**If you are at all unhappy with your treatment please inform us, we will do our best to rectify the problem(s).**

Please Print, Sign And date before your first visit. Alternatively there are copies available in the treatment area.

 I (please print name).......................................... declare that I have read and understood this policy. And I agree to abide by it.

Signed .......................................................Date...................................