

Membership Agreement Form

DOB:
/ N :

Important:

I declare that the information on the membership form is correct at the time of joining. Should any detail of my membership change, I will inform the spa in writing. I declare that I have read and understood the membership agreement and agree to abide by it. I understand that failure to abide by this agreement and the rules and regulations of the spa will result in termination where no refunds will be given.

Release and waiver of liability:

I have read and understand this waiver and have been fully informed of all of Therapie Medspa membership terms and conditions as well as membership benefits and limitations. I certify that I have disclosed all medicated conditions that might affect treatments. I understand that Therapie Medspa providers cannot diagnose any medical conditions and release them from any injury resulting from undiagnosed medical conditions present during my treatment. I assume all responsibility for updating changes in physical and mental condition and for reporting all injuries sustained at Therapie Medspa at the time of service.

Disclaimer:

Membership registration fee is non-refundable.

Therapie Medspa is not responsible for any injury or loss of property to any person while on the premises or participating in Therapie Medspa services. As a member, I assume full responsibility for services received at Therapie Medspa and shall indemnify Therapie Medspa, its affiliates, agents, and employees against any and all liability arising from services rendered.

Member's Signature:	I)ate	/	/
Member 8 Signature.	Date.	/	/

Account Details:

Account Name: Therapie Medspa Account Number: 0669278160

Bank Name: GtBank