

## CANCELLATION POLICY

Client Printed Name	Client Signature	 Date
	I have read, understood, and agree to abide d that these policies are in place to ensure a policy may result in charges or fees.	
Clients who have more than 2 late ca full for future services or may be refu	ncellations or no-shows within a year period used future bookings.	l may be required to prepay ii
	of booking to secure your appointment. This ice the treatment is completed. Appointment /.	
	e than five minutes late for their scheduled a e. In such cases, the client will be responsible	
If a client fails to show up for their sc service cost will be charged.	heduled appointment without providing pric	or notice, a fee of 100% of the
·	rs' notice if they need to cancel or reschedululed with less than 24 hours' notice, a fee of	
•	ovide exceptional service to all of our valued one's needs, we have implemented the follo	

The Runa Midwife