



CONSENT AND INDEMNITY FORM

Hospital Spoils (Pty) Ltd is a specialised mobile salon that provides treatments in hospital that are safe for your health and promote your well-being. All our therapists have undergone special hospital and basic medical training specifically suited to in-hospital treatments. The products that we use are gentle and are not likely to harm you in any way.

While rare, possible reactions can occur. These are usually mild and temporary, and can be aggravated by receiving many treatments within a short space of time. Reactions to products used can include a rash, itching, redness, swelling, peeling of the skin around the fingers, lifting of the nail plate (onycholysis), swelling of the eyes and allergic reactions to some of the ingredients to some of the products used. If you experience any of the above symptoms, please contact your doctor immediately to obtain medical advice or attention or if you are unsure of the effects of any medication that you may be taking.

Please COMPLETE the details below to enable us to offer you the best service and ensure that you consent to receiving the treatment.

I acknowledge and hereby provide my consent:

- For Hospital Spoils (Pty) Ltd to process my personal information as defined in law for purposes of providing the services and to share such personal information with relevant third-parties involved in the provision of the services
- To receive the treatment using the standard products

In the event of gross negligence, I acknowledge that Hospital Spoils (Pty) Ltd, its directors, employees and/or agents will not be liable for any claims, loss or damages arising now or in the future which result from:

- Any services or healthcare treatments provided by the relevant hospital staff or by any medical practitioners that have attended to me in or out of hospital
- Any damage, loss or destruction to any property, including money or valuables, belonging to me, or given to the hospital for safekeeping

Hospital Spoils (Pty) Ltd, its directors', employees' and agents' total liability which may arise as a result of the treatments (in which case the Client will have to prove same), will be limited to a total of R5000, including direct and consequential damages.

I **CONSENT** to the treatment:

Name of Client: _____	ID No: _____
If Client is a minor (under 18yrs) Signature of legal guardian: _____	
Signature of Client: _____	Date: _____
Are you happy for us to take a picture and post it on social media? _____ Can we tag your name and surname? _____	

I **REFUSE** and do not consent to the treatment and understand that the treatment will be forfeited.

Name of Client: _____	ID No: _____
If Client is a minor (under 18yrs) Signature of legal guardian: _____	
Signature of Client: _____	Date: _____