



Orthosports INC

Member Name: _____

Membership #: _____

Phone: _____

Email: _____

Membership Benefits

Orthopedic and Sports massage

Exclusive Program

Orthosports offers membership program that includes exclusive benefits that allow you to maximize your potential:

1. 1 Complimentary Session of your choice /year
2. Member pricing for all additional monthly sessions
3. Rollover unused services to the next month up to 3 months
4. Treatment plans with your therapist to maximize the effect

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12 month commitment			
	Basic	Intermediate	Advanced
	\$100	\$125	\$140
1x 60 min session/month included	✓	✓	✓
1x Complimentary session/ year included		✓	✓
Complimentary aromatherapy	✓	✓	✓
Additional 60 min massage per month	\$100	\$85	\$70
Share up to 3 massages with family and friends	✓	✓	✓
Use all remaining credits up to 6 months after your program becomes inactive	✓	✓	✓

Membership terms & Payment Schedule

Effective Date of first Payment: _____

Program chosen

Basic___ Intermediate___ Advanced___

\$_____per month for _____ months

Your membership payment of \$_____ will be due on the _____ of each month, then due on or after the same day of each month, then due on or after the same day hereafter until your membership expires or is terminated in accordance with this agreement.

How It Works

- Your monthly membership price will be automatically drafted from your debit or credit card each month, entitling you to a single “Any 60 Minute Session” of your choice each month, on or after your scheduled payment date.
- You may upgrade to a longer session at additional charge.

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- You may also share up to 3 of those additional sessions with additional members of your household
- If you do not use your session for that month, it will simply roll-over into next month.
- The membership monthly fee is specified on the application above. As long as your membership monthly payment is made, you will be considered an active member in good standing.

If through no fault of ours, your payment account does not contain sufficient funds to complete the transaction, or your payment account or credit card does not otherwise permit the transaction to be executed, you will be charged \$35 insufficient funds fee. We will contact you to update your account with a working payment method.

You have the right to receive a notice in the event that we make any change to the terms and conditions of your membership that will vary the amount to be periodically billed to your account specified above. Except as expressly provided herein, we may modify our services or terms and conditions of this Agreement at any time without notice and such modifications shall be deemed effectively upon making such changes.

Member Signature

Date

Member Printed Name

Orthosports Staff Person

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MEMBERSHIP TERMS AND CONDITIONS:

_____(Initial) This membership and services purchased under this membership are non transferable to any other person or entity.

_____(Initial) For purposes of identification or billing , you agree to provide us with current, accurate, complete and updated information including your name, address, telephone number and applicable payment data. You agree to notify us promptly of any changes.

_____(Initial) We reserve the right to revoke membership at any time for misconduct on premises. You will be responsible for payment in full upon revocation of membership.

_____(Initial) We reserve the right to change pricing at any time upon reasonable notice. Should prices increase, you have the right to cancel membership without penalty during initial period following cancellation guidelines as described below.

CANCELLING YOUR APPOINTMENT:

_____(Initial) You may cancel your appointment without charge if you cancel within 24 hours of your appointment. Cancellations without 24 hour notice may result in 47.50\$ for your session, as that time has been set aside specifically for you. No shows may result in a full charge for that session.

CANCELLATION OF MEMBERSHIP DURING INITIAL TERM:

_____(Initial) You may cancel this agreement during the initial term of your membership upon the following conditions: changes in your health history that will not allow you to receive the service, or moving out more than an hour away. Written notice must be given at least 30 days in advance to avoid additional charges to your account.

_____(Initial) Contracted membership services will be forfeited at time of cancellation effective date.

CANCELLATION OF MEMBERSHIP DURING AUTO RENEW TERM:

_____(Initial) After the initial 12 month term, you may cancel at any time. All cancellations require 30 days written notice or email and are effective within 10 business days after the 30 day notice period. Payments due prior to effective date will be charged as scheduled. _____(Initial) Pre-paid membership services have no cash value, are non-transferable, and services expire 12 months from the date of purchase according to agreed terms. We reserve the right to terminate or

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deny re-enrollment for an indeterminate amount of time if you have an unsatisfactory payment history.

_____(*Initial*) If through no fault of ours, your payment account does not contain sufficient funds to complete the transaction, or your payment account or credit card does not otherwise permit the transaction to be executed, you will be charged \$35 insufficient funds fee. We will contact you to update your account with a working payment method.

I ACKNOWLEDGE RECEIVING AND READING A COMPLETED COPY OF THIS APPLICATION AND AGREEMENT BEFORE SIGNING. I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THIS AGREEMENT.

Member Signature

Date

Member Printed Name

Orthosports Staff Person