



MASSAGE MEMBERSHIP AGREEMENT

This Membership Agreement is entered into this _____ day of _____, 20____ (“Effective Date”) by and between us Florida Wellness Medical Group (“We” or “Us”) and Member (“You”) and will continue on a month to month basis as of _____ day of _____, 20 _____ until 30 days following a written cancellation is received).

1. Membership Fee

_____ You have elected to pay \$59 on a monthly basis for a membership term starting on the effective date stated above. Following the initial month term, you understand and acknowledge that your membership will automatically continue on a month-to-month basis at \$59 until your membership is cancelled.

_____ Your membership fee covers Membership Services and benefits provided to you (for Massage memberships)

_____ Your membership includes 1 session per month. Sessions do not roll over into the following month if unused during the month they were billed.

_____ By signing below Member authorizes us (or our authorized representative) to charge the credit/debit card presented by the Member for all charges incurred by the Member including monthly membership dues and other ancillary charges incurred by the Member in association with his/her membership.

2. Term of Membership and Cancellation

_____ Unless provided otherwise by applicable law, you may cancel your membership only if: (a) you permanently relocate your residence more than 30 miles away from your original residence and such relocation also puts you more than 30 miles away from any clinic operating under Florida Wellness Medical Group; or (b) a physician certifies that you are unable to receive clinic services, or (c) an active licensed physician of Florida Wellness Medical Group determines that you are no longer able to receive clinic services. All cancellation requests must be accompanied by written proof of relocation (e.g., executed Mortgage or Rental agreement, utility bill, car insurance) or submission of your Physician’s statement, or that of an active, licensed physician of Florida Wellness Medical Group clinic, that you can no longer receive clinic services. Once the membership has been effectively billed for the initial month, the member may cancel his/her membership for any reason with a 30 day written notice, or such other notice required by law. All cancellation requests must be signed, dated, and submitted on our cancellation of membership form and

either sent by certified mail, return receipt requested or be hand-delivered to the location at which the Member maintains his/her membership. All cancellation requests will become effective 30 days from the date the cancellation request is received and processed by our management company. Payments due prior to the effective date will be charged as scheduled and member will have 30 days to use the visits associated with his/her membership after the final charge to his/her account.

3. Terms and Conditions

_____ Member agrees to be bound by the terms of this Agreement and the Terms and Conditions of Membership, which have been provided to Member. The Terms and Conditions of Membership are incorporated hereby and are to be considered part of this Membership Agreement.

4. Acknowledgment of Risks Associated with Massage.

_____ Member assumes for himself/herself, all risk of injury to his/her person while receiving health care services hereunder, whether or not caused by any act on the part of an employee, agent, servant, franchisee or other person affiliated with Florida Wellness Medical Group, through defective apparatus or equipment, or failure to warn as to proper use or danger of such apparatus or equipment, or through failure to repair or replace any defective apparatus or equipment. By entering into this Agreement Member agrees to release, indemnify and hold Florida Wellness Medical Group and its respective owners, employees, servants, agents, or anyone else connected with Florida Wellness Medical Group harmless from any claims, damages, costs or causes of action that Member has or may have, for injuries received as a result of any injury, damage or loss sustained while receiving any services pursuant to this Agreement from a licensed professional.

MEMBER ACKNOWLEDGMENT

By signing below Member acknowledges that Member has read this Membership Agreement and the Terms and Conditions of Membership in their entirety, has had the opportunity to discuss same with a member of our staff, and fully understands and accepts all Member obligations, rights, responsibilities, liabilities and waivers under the Membership Agreement and Terms and Conditions of Membership. Member further acknowledges that the recurring payment provisions (charges to debit or credit card), automatic renewal provisions, and cancellation procedures and applicable dates have been thoroughly explained.

Executed this _____ day of _____ 20 _____

MEMBER

Printed Name

Signature

Clinic _____

Date _____

MASSAGE MEMBERSHIP PROGRAM

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Phone _____ Email _____

MASSAGE PLAN INFORMATION - Check Appropriate Plan Box Below.

- Massage Membership \$59** (month-to-month)
 Membership plus 1 sessions/month + \$59 additional visits (Additional visits will be charged to credit card on file if not collected at the time of service).

All memberships/subscriptions require a 30 day written cancellation

BILLING INFORMATION



Total Recurring Monthly Plan Cost is \$ _____

Card Number _____ Expire Date _____/20 _____

Your Plan Begins On _____/_____/_____ CVC (3 digits on back of card) _____

By signing below, I authorize Florida Wellness Medical Group to charge the account (credit/debit card) I have specified above. Monthly payments will be withdrawn on or after the same day of each month unless prohibited by the number of days in the month, in which case the fee will be withdrawn the last day of the month. Additionally, I authorize Florida Wellness Medical Group to charge my credit card on file in lieu of presenting it for any services received, at my request.

We agree to sell and you agree to purchase the membership, services and benefits described herein. You agree to pay us for the membership, services and benefits according to the payment schedule above. Your signature below indicates your agreement to be bound by this Agreement and its Terms and Conditions. All buyers and members signing this Agreement are equally responsible for paying it in full.

I ACKNOWLEDGE READING A COMPLETED COPY OF THIS AGREEMENT BEFORE SIGNING.

Member's Signature _____ Date _____/_____/_____