**Massage Membership Contract**

**This Massage Membership agreement is entered into as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_(date), between Ocala Chiropractic & Injury, LLC and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name).**

**This agreement is being entered into for the purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name), to purchase and receive no less than one (1) massage every month for 12 months, with each basic massage being $49.00. Any additional massage will start at an additional $49 each. Massage upgrades are an addition $10 each, which includes: Sports, Prenatal, Hot Stone, Medical, CBD, Magnesium, and Deep Tissue Massages.**

**Please initial below that you agree to the terms provided.**

**\_\_\_ This price per massage cannot be combined with any other discounts, coupons, or specials.**

**\_\_\_ Massage hours can only be combined to make a 2-hour massage (100 minutes).**

**\_\_\_ There is a 24-hour cancellation policy for any massages scheduled. If you cannot give a 24-hour notice or fail to give any notice, there will be a 50% charge of $25 that will need to be paid before any more massage can be received. If the fee isn't paid before any of your next scheduled massage(s) those massage(s) will be forfeited and charged to your card / account in addition to the cancellation fee.**

**\_\_\_ If you are running late, your massage time will be shortened by the time you are late.**

**\_\_\_ If you are planning on going out of town or need to take a break from the massage Membership, you can put your account on hold anywhere from one (1) month to three (3) months. Either all at once, month by month or however you desire. If you choose to place your massage membership on hold, we will need a written notice two (2) weeks in advance for the hold to take effect.**

**\_\_\_ If you would like to split the massage Membership contract with your spouse / child / family member (such as mother, sister, brother) you can do so by filling out and signing the "additional persons" section of this contract, with a maximum of 3 people per plan.**

**\_\_\_ All membership cancellations require 30 days written notice and are effective 30 days after the date received. Payments due prior to the effective date of cancellation will be charged as scheduled.**

**\_\_\_ At any time, Ocala Chiropractic and Injury has the right to cancel your membership for any reason. If the office should cancel your contract you will not be reimbursed for any received massages but will not be held accountable for the rest of the contract.**

**By signing below, I authorize Ocala Chiropractic & Injury charge to the account I have specified. Monthly dues and / or renewal fees will be withdrawn on or after the same day of each month. I understand that Ocala Chiropractic & Injury, LLC may continue to charge my account or cancel my membership in accordance with the terms and conditions of this agreement. Additionally, I authorize Ocala Chiropractic & Injury, LLC 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, good and services described herein. You agree to pay us for the membership, goods and services according to the payment schedule below. Your signature below indicates your agreement to be bound by the terms and conditions, rules and regulations of this agreement. All persons signing this agreement are equally responsible for paying it in full.**

**You have elected to pay your membership: \_\_ on a monthly basis \_\_ paid in full total $\_\_\_\_\_\_**

**Your membership term begins on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) and expires on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date).**

**Your membership dues of $49 will be due on the \_\_\_\_\_\_ day of the month and then due on or after the same day of each month hereafter until your membership expires or is terminated in accordance with this agreement.**

**YOU ACKNOWLEDGE RECEIVING AND READING A COMPLETED COPY OF THIS AGREEMENT BEFORE SIGNING. YOU UNDERSTAND THAT OUR RULES, REGULATIONS AND TERMS OF YOUR MASSAGE MEMBERSHIP CONTRACT ARE INCORPORATED INTO THIS AGREEMENT.**

**Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip code \_\_\_\_\_\_\_\_\_\_**

**CC Type \_\_\_\_\_\_\_\_\_\_ CC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CC Exp Date \_\_\_\_\_\_\_\_\_ CC CVC code \_\_\_\_\_\_\_**

**ID (checked by office personnel) \_\_\_\_\_\_**

**Additional Persons (if minor please fill our parental consent form with front desk)**

**Additional Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**