

Teamwork Therapy & Sports Recovery

Recovery Center Membership Agreement

Member Name: _____

Enrollment Date: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Our agreement with you:

You are agreeing to receive monthly sports recovery services including but not limited to whole body cryotherapy, spot cryotherapy, compression therapy (Normatec)(s), heat and vibration therapy (Venom Wraps), and ESTIM therapy, which will be paid for via automatic monthly draft, based on the information you provide us at the bottom of this form. There is a 3 month commitment, after which, this is a month-to-month agreement and can be cancelled with a 30 day notice. If you would like to cancel please refer to the cancellation policy. Unused services cannot be rolled over.

Terms and Conditions:

Please initial each field 1-11 below after reading and accepting the terms.

_____ 1. Dues for all recurring membership plans are paid through automatic withdrawal with a valid and current credit or debit card. Billing starts on the earlier of the 5th or 20th of the month following your initial payment and will continue at the same rate each month until you cancel your membership. Notice of cancellation must be in writing.

_____ I select to be charged on the 5th of the month

_____ I select to be charged on the 20th of the month

_____ 2. There is an initial 3 month commitment of this membership, after which this is a month-to-month agreement.

_____ 3. I have elected to pay for dues on a monthly basis. My monthly dues are:

_____ \$299-Hall of Fame-Unlimited whole body cryotherapy, unlimited spot cryotherapy

_____ \$199-MVP-4 whole body cryotherapy sessions, 2 spot cryotherapy sessions

_____ \$99-All Start-2 whole body cryotherapy sessions, 1 spot cryotherapy session

All monthly memberships include unlimited use of normatec suits, venom wraps, and ESTIM therapy

_____ 4. All recovery services will be utilized at the Teamwork Therapy & Sports Recovery (Teamwork) location only.

_____ 5. Benefits are valid for member(s) only and may not be transferred or used by others

_____ 6. Appointments may be cancelled with at least an 8 hour notice. Cancellations with less than 8 hour notice will be charged the full amount of their appointment.

_____ 7. Membership cancellation must be in writing to Teamwork Therapy & Sports Recovery. If you need to cancel for any reason we kindly ask you to complete our cancellation form and email it to teamworkcolorado@gmail.com. There is no fee to cancel, however we do require 30 days notice.

_____ 8. We will use our best efforts to process all your payments properly.

_____ 9. However, we shall incur no liability, if we are unable to completely process any of your payments because of the existence of any one or any of the following circumstances.

- If through no fault of ours, your payment account does not contain sufficient funds to complete the transaction or the transaction would exceed the credit limit of your credit card, or your payment account or credit card does not otherwise permit the transaction to be executed ; or
- You have not provided us with the correct account information to process your payment accurately; or
- Circumstances beyond our control, such as, but not limited to fire, flood, acts of war, terrorism, or the other interference from outside force, prevent the proper execution of the transaction, and we have taken reasonable precautions to avoid those circumstances.

_____ 10. For purposes of identification and billing, you agree to provide us with current, accurate, and complete and updated information including your name, address, telephone number, and applicable payment data. You agree to notify us promptly of any changes in your membership data.

_____ 11. You have the right to receive a notice of change 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 in this agreement. We will send you a notice of change at the mailing address at the top of this agreement at least 10 days prior to the effective date of such change. Except as expressly provided herein, we may modify our services or the terms and conditions of this agreement at any time without notice and such modifications shall be deemed effective immediately upon making such changes.

We agree to sell and you agree to purchase the goods and services described above. You agree to pay for these goods and services according to the payment schedule shown above. The terms and conditions on the other pages of this agreement are also part of this contract.

TERMS AND CONDITIONS/RULES & REGULATIONS

- Member agrees to follow Teamwork Therapy & Sports Recovery Rules and Regulations. Violation of these rules and regulations may result in suspension or cancellation of your membership. Member will be responsible for payment in full upon revocation of membership. We reserve the right to change the Rules, Regulations, or Pricing at Teamwork Therapy & Sports Recovery any time upon reasonable notice.
- Your membership entitles you to massage provided by Teamwork Therapy & Sports Recovery in accordance with Colorado State Laws and Statues. Your membership status must be active in order to redeem any membership massage treatments.

CANCELLATION POLICIES AND PROCEDURES

CANCELLING YOUR APPOINTMENT:

Appointments may be cancelled with at least an 8 hour notice. Cancellations with less than an 8 hour notice will be charged the full amount of their appointment. If you do not call or show for your scheduled appointment, the result will be the loss of the massage from your monthly massage membership for that month.

DISCLAIMER OF LIABILITY

- You understand and voluntarily accept any risks associated with your treatment or any use of Teamwork's facilities. Except where prohibited by law.
- You agree that Teamwork Therapy & Sports Recovery will not be liable for injury, including, without limitation, personal, bodily, or mental injury, economic loss, or any damage to you resulting from negligence, other acts of Teamwork, anyone on Teamwork's behalf, or anyone using the services of the facilities of Teamwork Therapy & Sports Recovery.

This agreement may not be amended except by an agreement in writing duly authorized and executed by both parties. The waiver of any breach of any of the provisions of this agreement by either party shall not constitute a continuing waiver or waiver of any subsequent breach by said party either of the same or of another provision of this agreement. This agreement contains the entire agreement between the parties and no statement or promise made by either party or the agent of either party that is not contained in this agreement shall be valid or binding. Invalidation of any of the provisions of this agreement shall not affect the validity of the remainder of this agreement. This agreement may not be assigned by the client. In the event that Teamwork Therapy & Sports Recovery must consult with legal counsel commence legal action to enforce this agreement, it shall be entitled to recover its attorneys' fees and costs incurred in conjunction therewith. This agreement shall be construed in accordance with the laws of the State of Colorado.

By signing below, I agree to Teamwork Therapy & Sports Recovery's membership program and payment type indicated in this agreement. I authorize Teamwork Therapy & Sports Recovery to charge my credit/debit card from the below referenced account. The monthly dues will be withdrawn on the day I selected in this agreement. I understand that Teamwork Therapy & Sports Recovery may continue to charge my account or cancel my membership in accordance with the terms and conditions of this agreement. I understand that this authority will remain in effect until the proper procedures are followed to cancel my membership. (See cancellation policy referenced above). In the event of failed payment, Teamwork Therapy & Sports Recovery has the right to immediately terminate my membership resulting in forfeiture of any unused sessions.

Credit Card Information

Visa Mastercard Discover American Express Other: _____

Card Number: _____ Exp Date: _____ CVV Code: _____

Singature: _____

I ACKNOWLEDGE RECEIVING AND READING A COMPLETED COPY OF THIS CONTRACT BEFORE SIGNING IT.

Print name: _____

Sign name: _____

Date: _____