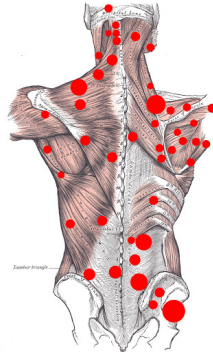


# Clinical Massage Therapy

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## Premier Maintenance Plan Membership Agreement

The following contains the terms of a Membership agreement between Clinical Massage California Inc DBA **Clinical Massage Therapy** and (Member Name) \_\_\_\_\_ on (Date)\_\_\_\_\_.

1. Memberships are billed monthly at the rate of **\$85.00**.
2. Membership dues are paid by monthly automatic electronic payments (credit card or debit card) starting on the date of sign-up and will continue until notice of cancellation is received.
3. This Membership may be cancelled by providing written notice, in person at any location or by email to **Membership@clinicalmassagerocklin.com**. The member agrees to submit cancellation by a minimum of 10 days prior to the next billing date in order to avoid the next scheduled payment. Without 10 days' notice **Clinical Massage Therapy** cannot guarantee payment will not occur as scheduled.
4. Upon Membership cancellation, a member has 60 days to redeem unused Treatments. Once 60 days has elapsed 50% of any remaining Treatments will be made available as **Clinical Massage Therapy** gift cards. Gift cards are for clinic credit and have no cash value.
5. A member will receive **one 60-minute Treatment** per month with Membership and additional Treatments in the same billing cycle at \$75/ea.
6. While a Membership is active, unused Treatments may be rolled over for use by the member (not transferrable except as allowed per #7 below).

7. A member will receive **one free Treatment** for their Birthday to be used 10 days prior, 10 days after, or on their birth date. Birthday Treatments not used during this time period will be forfeited.
8. Member may transfer Treatments to a friend or family member twice per year.
9. Member may purchase Treatments for friends and family at the Membership rate twice per year.
10. Any credit on a member's account is redeemable for Treatment only and is not redeemable as cash.
11. A member will receive a 15% discount on all retail products.
12. Add-Ons may be provided at no additional charge. Add-Ons include:
  - a. Hot Stones
  - b. Heat Therapy
  - c. Cold Stones
  - d. Cold Therapy
  - e. Aromatherapy
  - f. Prossage
  - g. Biofreeze
  - h. Hand, foot, face, or scalp massage
13. Membership valid at all locations.
14. Members are required to notify **Clinical Massage Therapy** of changes in their billing information three days prior to the next scheduled billing date. Members may do so by phone or by emailing **Membership@clinicalmassagerocklin.com**
15. Members are required to notify **Clinical Massage Therapy** of any changes in address, email, or phone number. Members may do so by phone or by emailing **Membership@clinicalmassagerocklin.com**
16. All clients under 18 years of age must have written parental consent for Treatment to be provided. All clients under 16 years of age must be accompanied by a parent or guardian during Treatment.
17. Members are asked to arrive 10 minutes before your scheduled appointment time to prepare for a full Treatment.
18. **Clinical Massage Therapy** reserves the right to change clinic rules, regulations, and pricing at any time upon providing reasonable notice.
19. You may cancel your appointment without charge with a 24-hour notice preceding your scheduled Treatment.

20. Same day cancellations will incur a late cancellation fee \$40 charged to the card on file.
21. If you do not call to cancel or do not arrive for your scheduled appointment, you will forfeit a prepaid Treatment, if available, or be charged at the additional Treatment rate of \$75.
22. The Member may pause their Membership for periods up to three months with written notice delivered in person or via email to [Membership@clinicalmassagerocklin.com](mailto:Membership@clinicalmassagerocklin.com). After the third month active Membership resumes and automatic payments begin to recur.
23. Memberships are non-transferable
24. Insurance billing services are not included with this Membership. Should a member obtain verification of coverage for medical massage, **Clinical Massage Therapy** will pause or cancel the Membership depending on a member's individual circumstances.
25. All members agree to follow clinic rules and regulations including Treatment terms & conditions and accept the Clinical Massage Therapy has the right to refuse or discontinue Membership to any member for any reason.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Clinical Massage Therapy Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_