

Keystone Chiropractic Massage Membership Contract

1. Membership Options: Members are enrolling in the following plan (check one):

Basic Wellness Plan - \$79/month (1 * 60-min massage)

Gold Wellness Plan - \$149/month (2 * 60-min massages or equivalent)

Platinum Wellness Plan - \$199/month (3 * 60-min massages or equivalent)

2. Term & Renewal

- Membership begins on the date of enrollment.
- Memberships are month-to-month with a minimum of 6 months. After 6 months, memberships automatically renew monthly until canceled.
- Cancellation requires 30 days written notice.

3. Payments

- Monthly membership fees are automatically charged to the card on file.
- If payment is declined, Member must provide an updated payment method within 7 days to continue benefits.

4. Sessions & Rollover

- Membership sessions/credits are valid only for the month issued.
- Rollover: Unused sessions may roll over for 1 additional month; thereafter, they expire.
- Membership sessions/credits cannot be refunded or redeemed for cash.

5. Transfer & Sharing

- Memberships are non-transferable, except that Platinum members may share one massage per month with a household member.

6. Member Perks

- Additional sessions may be purchased at member pricing.

7. Scheduling & Attendance

- Sessions must be scheduled in advance and are subject to therapist availability.

- 24-hour cancellation notice is required. Missed appointments or late cancellations result in loss of the session.

8. Termination by Provider Keystone Chiropractic reserves the right to terminate this Agreement for:

- Non-payment
- Misconduct or inappropriate behavior
- Abuse of membership benefits In such cases, unused sessions/credits will be forfeited.

9. Liability Waiver Member acknowledges that massage therapy may involve certain risks. Member releases Provider and its employees from any liability for injury, except in cases of gross negligence or misconduct.

10. Entire Agreement This Agreement represents the entire understanding between the parties. No other promises or representations apply unless made in writing and signed by both parties.

Member Name: _____

Signature: _____

Date: _____

Provider Representative: _____

Date: _____