

# ClubCVWC Agreement

Date \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Club Membership - \$45\* per month for 12 months

Club Rate (Relaxation ONLY) - 60 minute Relaxation Massage - \$50\*

\*subject to applicable sales tax

I understand and agree with the following terms and conditions of this membership that apply solely to relaxation massages only:

\_\_\_ I understand that my credit card will be charged \$\_\_\_\_\_ on the \_\_\_\_\_ day of each month for 12 months which entitles me to receive one (1) 60 minute Relaxation Massage each month. I further understand that Massage services are available by appointment only and it is my responsibility to schedule and receive a monthly Relaxation Massage at CVWC by calling (216)364-0152.

\_\_\_ Cancellation of an appointment must be received 24 hours prior to my appointment. Late cancellation will be charged 50% of service fee and no-shows will be charged full price of scheduled appointment. To cancel an appointment call (216)364-0152 or email [appointments@chagrinvalleywellness.com](mailto:appointments@chagrinvalleywellness.com).  
Voicemails and emails are confirmed at the start of each business day.

\_\_\_ I understand that I may purchase additional Relaxation Massage(s) at Club Rate, listed above.

\_\_\_ I understand that I may share my membership with my immediate family listed here:

NAME- \_\_\_\_\_ NAME- \_\_\_\_\_

NAME- \_\_\_\_\_ NAME- \_\_\_\_\_

NAME- \_\_\_\_\_ NAME- \_\_\_\_\_

\_\_\_ I understand that if, due to unavoidable circumstances, I am not be able to schedule an appointment, during a given month, I may FREEZE my membership or roll over one month's massage to the following month. I must provide a 7-day notice of request to FREEZE or rollover prior to the \_\_\_ of the month in which I wish my membership to be frozen or rolled over. I am permitted one (1) rollover and one FREEZE. Accounts may be frozen for a minimum of 30 days and a maximum of 6 months. Upon reactivation, the contract will be extended for the period of time it was frozen.

\_\_\_ I understand that Club Rates apply to Relaxation Massage ONLY and cannot be combined with any other offers, discounts or packages; I understand that amounts paid for membership and any additional services are non-refundable.

\_\_\_ I understand that in accordance with Ohio law, I HAVE A 3 DAY RIGHT OF RESCISSION OF THIS CONTRACT; THAT PERIOD BEGINS ON \_\_\_\_\_ 201\_.

Further, I will comply with all items of this agreement.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

## Credit Card Automatic Payment Authorization

I hereby authorize CVWC to charge my credit card in the amount specified above in compliance with this agreement. My credit card information is:

Name as appears on Card \_\_\_\_\_

V-MC-D- \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV code \_\_\_\_\_

Billing Zip \_\_\_\_\_

I agree to pay the above credit card charges in accordance with the Card Issuer Agreement. I understand that CVWC will automatically add a 5% processing fee to all declined charges.

Card Holder signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_