Dr. ReVivajennz, LLC Membership Agreement

Name:	DOB:
Street Address:	City:
State:	Zip Code:
Phone:	
Email:	
Membership Type:	
Basic Diva \$99 Sassy Diva \$149 ReViva Diva \$250	
Monthly Fee: \$ Annual Member	rship Total: \$
Paid Today: \$	
Remainder of membership paid in 11 monthly installment	ts on or after the day of each month.
Membership will auto-renew at the end of annual term for each month until submission of a written termination requ	•
Membership Start Date:	Membership End Date:
Date of first automatic payment on or after: I, authorize Dr. Re	Vivajennz, LLC. to charge my monthly
membership fees to my financial institution via Electronic information that I have provided.	Funds Transfer service, with the credit/debit
I understand that I am in full control of my payment, and my credit/debit card information, I must submit to Dr. Rev the next due date. If at any time I decide to terminate m ReVivajennz, LLC a written notice 30 days before my ne I also understand no refunds will be issued after member	'ivajennz, LLC the new banking information before ny membership, I am required to give Dr. ext scheduled payment.

Change of payment method will not affect other provisions and terms of my agreement.

Member Signature:	Date:
Witness Signature:	Date:

Notice to Members

Do not sign this agreement before you have read it in its entirety. The member is entitled to a completed copy of this agreement. The member acknowledges that this document is an agreement and will become legally binding upon its acceptance by Dr. ReVivajennz, LLC. The member also understands there will be no refunds issued for any charged [member] dues.

The undersigned member acknowledges receipt of Spa Vie's membership terms and conditions and has read, understands, and agrees to be bound by the terms and conditions as part of this agreement.

Release and Waiver of Liability

I have read and understand this waiver and have been fully informed of all of Dr. ReVivajennz, LLC membership terms and conditions as well as membership benefits and limitations. I certify that I have disclosed all medicated conditions that might affect my treatments. I understand that Dr. ReVivajennz, LLC providers cannot diagnose any medical conditions and release them from any injury resulting from undiagnosed medical conditions present during my treatment. I assume all responsibility for updating changes in physical and mental condition and for reporting all injuries sustained at Dr. ReVivajennz, LLC at the time of service.

Disclaimer

Dr. ReVivajennz, LLC is not responsible for any injury or loss of property to any person while on the premises or participating in Dr. ReVivajennz, LLC services. As a member, I assume full responsibility for services received at Dr. ReVivajennz, LLC and shall indemnify Dr. ReVivajennz, LLC, its affiliates, agents, and employees against any and all liability arising from services rendered.

Monthly Membership Dues

Membership dues will be automatically charged to member's bank account/credit card on the _____ day of every month.

Card Information	
Card Type: MC/ VISA/ AMEX/ DISCOVER	
Card Number:	
Cardholder Name:	
CVV2 Code/CSC # (if any):	_ Exp:
Billing Address:	
City:	_ Zip code:

Phone: _____

Member Signature:_____

Beauty Membership Terms and Conditions

This membership is a 12 month commitment . Credit cards will be charged automatically at the beginning of each month. 3 month minimum enrollment to start toxin discounts. An additional charge of \$25 will occur for denied or disputed charges. Services may be withheld until payments have been made or client will be charged regular price for services. All membership monies banked can be used for services or products provided by Dr. ReVivajennz LLC only. Non-transferable. This relationship may be terminated at anytime by Dr. ReVivajennz, LLC. Prices are subject to change. Cancellation requires 30 day prior to cancellation by written contact with Dr. Revivajennz, LLC to <u>beauty@revivajennz.com</u>.

Dr. ReVivajennz, LLC reserves the right to change clinic policies, regulations, and pricing at any time upon providing reasonable notice

Freezing a Membership

There may be times when a member will need to freeze his/her membership for a short period of time, due to circumstantial reasons such as military leave, pregnancy, extended illness, relocation, etc. When a membership is frozen, the member is not authorized to use his/her membership services or benefits during the freeze period.

You must be a member for at least 30 days and have made at least one month's membership payment in order to be eligible to freeze your account. Memberships may be frozen once during your annual contract period, for a minimum of 30 days and a maximum of 3 months, depending on the circumstantial reason that will be determined by Dr. ReVivajennz, LLC. The member may designate a date to end their freeze period at any time, or on ____/____ If no end date is given, the membership will be frozen for the full 3 month freezing period.

At the end of the membership freeze term, your dues will continue with your next scheduled electronic funds transfer date. Your initial membership expiration date will be extended by the amount of time that your membership was frozen. The terms and conditions will continue to apply through the extended membership term. To initiate a freeze, submit a written request to Dr. ReVivajennz, LLC. Termination

A 30 day written notice before your next scheduled payment is required to cancel a monthly membership plan. No refunds will be issued after monthly membership due has been charged or paid in full. Auto-Renewal

Your membership will automatically be renewed at the end of the annual term, unless you submitted a written request to terminate your membership. During the renewal of your membership, your account will continually be charged the monthly membership fee. If your membership has been paid in full, Dr. ReVivajennz, LLC will contact you regarding a renewal.

I understand and fully abide by the above terms and conditions by Dr. ReVivajennz, LLC

. Member Signature:	Date:

Dr. ReVivajennz, LLC Membership - \$25 set-up fee, then \$_____ monthly

MEMBERSHIPS

Exclusive pricing and private promotions for members only. Special events online and in person. Special gift for your birthday. FRIENDS AND FAMILY: Share your membership discount one time per year with family or friends. Complimentary micro needle or IPL photo facial for you when a friend or family member joins the club. Discounted Toxin Treatments, as always, complimentary touch ups within 2 weeks. Monthly rates are banked for all future services to help manage your treatment costs.

THE BASIC DIVA

MONTHLY RATE	\$99
TOXINS	\$240/area
\$10 off treatment area. Regular \$250 per area.	
ADDITIONAL AESTHETIC SERVICES	10% off
Fillers, Microneedle, IPL Photofacial, PRP, Medical Peels, Sclerotherapy, Kybella, Celluma,	
PDO Threads and PDO Threadlifts.	
CO2 LIFT AND CO2 V TREATMENTS	10% off

THE SASSY DIVA

MONTHLY RATE	\$149
TOXINS	\$235/area
\$15 off treatment area. Regular \$250 per area.	
CELLUMA	1 treatment per month
ADDITIONAL AESTHETIC SERVICES	15% off
Fillers, Microneedle, IPL Photofacial, PRP, Medical Peels, Sclerotherapy, Kybella, PDO Threads	
and PDO Thread lifts. Additional Celluma Treatments	
CO2 LIFT AND CO2 V TREATMENTS	15% off

THE REVIVA DIVA

MONTHLY RATE TOXINS	\$250 \$215/area
\$35 off treatment area. Regular \$250 per area.	
CELLUMA	2 Treatments per month
ADDITIONAL AESTHETIC SERVICES	20% off
Fillers, Microneedle, IPL Photofacial, PRP, Medical Peels, Sclerotherapy, PDO Threads and PDO	
Thread Lifts. Additional Celluma Treatments	
CO2 LIFT AND CO2 V TREATMENTS	15% off
JAN MARINI SKIN CARE	10% off