

**Absolute Therapy, LLC**  
**Membership Rules and Regulations**

**Your membership:**

- Memberships may not be shared.
- Memberships are \$80.00 per month, which includes 1 free 60-minute massage or 60-minutes of craniosacral therapy, and 20% off all other massage or bodywork services (this does not include retail products or electrolysis).
- First time membership payment will be taken out the day of sign up, and again on a monthly basis on one of the arranged payment dates (1<sup>st</sup>/16<sup>th</sup>).
- Members are only allowed to acquire 3 roll-overs. If member is unable to come in for the monthly free massage, it may roll-over into the next pay period. Member will have to use the monthly free massage first for that pay period, then the member may come back to use the roll-over.

**Freezing your membership:**

- A minimum of two payments must be made before a membership is eligible to be frozen (sign-up fee and 1 automatic draft).
- When a membership is frozen, you may not use membership benefits for the duration of the freeze period. Members may still use their roll-overs.
- The maximum amount of time a membership can be frozen is 90 days. After the account is unfrozen, the member may go back to using benefits. The member may not freeze account again for at least 60 days.

**Cancelling your membership:**

- Members may cancel membership at any time after at least 2 payments have been made (sign-up fee and 1 automatic draft).
- Once cancelled, members have until the end of the current pay period to use membership benefits and roll-overs. After the current pay period ends, all benefits and roll-overs will expire.
- No refunds will ever be issued.
- Membership may not be reinstated before one year after cancellation date.

**No shows:**

- Your first no-show is a given, we understand things happen. However, if your 2<sup>nd</sup> no show is on a free monthly massage or roll-over, you will automatically lose that massage for the month. If your 2<sup>nd</sup> no show is on a discounted service, you will be charged for that discounted service. (This will pertain to any no shows thereafter for the next 6 months).

I certify that I have read and understand the rules and regulations that were provided to me and I will comply with the consensus herein. I also agree to follow clinic rules and regulations. I understand that Absolute Therapy, LLC has the right to refuse or discontinue service for any reason they see fit.

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

\_\_\_\_\_ I would like to receive a copy of my signed Membership Rules and Regulations.

\_\_\_\_\_ I would **not** like to receive a copy of my signed Membership Rules and Regulations.