**CONTRACT HOLD AGREEMENT**

Anovo Therapeutic Fitness and Physical Therapy hereby certifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is putting his/her contract agreement on hold between the dates of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for one or more of the following reasons: **1)** Client has become chronically ill, with recovery time expected to exceed more than four to six weeks. **2)** Client will be out of town, and will be gone for an extended period. (more than 4 weeks) **3)** Client has been affected by an acute illness, medical condition, or hospitalization. **4)** Client has been affected by an acute event of an immediate family member.

By signing this agreement, the client is hereby freed from fulfilling contractual duties outlined initially by the group exercise contract through the dates listed above. This includes payments for GroupHab group classes. However, if for whatever reason the client returns and continues with group classes before the end of the holding date(s) specified above, the group exercise contract will immediately resume.

It is up to the client to notify staff if the dates listed above need to be modified. If dates should be modified, it must be for one of the reasons listed above. Once the above dates have passed, Anovo Therapeutic Fitness and Physical Therapy will have the right to remove the hold on the group class contract, and resume with payment processing agreed upon in the original contract.

By signing this agreement, the client confirms that they have read the above information thoroughly, and agrees to comply with the statements and conditions written above.

Patient Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_