



Drug - Free Pain Management

MM35477/CE10005963

Massage & Skincare Wellness Program

- ❖ **Monthly Massage /Facial sessions**
- ❖ **Facial programs enjoy 15% discount on product purchase**
- ❖ **Gift Certificates may be purchased at your low program rate! Get a free massage for your birthday**
- ❖ **Get one (1) gift card for a 25 min session to give away (Must be to different persons monthly)**
- ❖ **Unused sessions roll-over (as long as your membership remains active)**
- ❖ **No Fees**
- ❖ **This membership may be shared with ONE additional person as an Associate Member (may be a family member or significant other) and he/she will receive the same benefits as the member.**

Initials: _____

Please include the name of this person _____ Associate Member Name

Cancellation policy: If you need to cancel for any reason we ask that you convey the cancellation request in writing. There is no fee to cancel, but we do require 30 days notice. During those 30 days, you have the opportunity to use any rolled-over massages or convert each pre-paid session to a gift certificate.

Initials: _____

Select your optimal health & wellness choice:

- 50 minute massage/Facial (\$55 per month)
- 80 minute weekly massage (facial) (\$322 per month)
- 80 minute massage/ Facial (\$80 per month)
- 50 minute bi-monthly massage/facial (\$100 per month)
- 50 minute weekly massage/facial (\$204 per month)
- 80 minute bi-monthly massage (\$150 per month)
- 50 minute Bi-weekly sessions (\$408 per month)
- 80 minute Bi-weekly sessions (\$645 per month)

Member Name: _____ Membership Start date: _____

Select payment type

Credit or Debit Card:

Visa MasterCard Discover American Express

Card Number: _____ CVC _____ Expiration Date: _____

Name of cardholder if different from member name: _____

Bank Draft

Routing Number _____ Bank Account Number _____

Restrictions: Not valid with any other offers; **massage appointments must be canceled with 24 hours notice to avoid a \$25 late cancel charge; if you do not show up for a scheduled appointment, you will be charged the full member price for the missed appointment;** this is an individual membership but may be shared with ONE additional person. By signing below I agree to the wellness program and payment type selected above. I authorize The Touch 4 Health & Wellness, LLC to charge from the above referenced account **monthly**. I understand that this authority will remain in effect until the proper procedures are followed to cancel my membership. (See cancellation policy referenced above.) In the event of failed payment, The Touch has the right to immediately terminate my membership, resulting in forfeiture of any unused sessions.

Client Signature: _____ Today's Date: _____