



# Colorado Injury Care, LLC One Hour Vacation Membership Contract

## Basic information (Permissions)

This membership agreement is made this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ between Colorado Injury Care, LLC (CIC) and those persons whose names are set forth below, after the captions "Members name", "Spouses name" and "Dependent's Names" for services provided by CIC or its' affiliates for the One Hour Vacation membership.

Mr. Mrs. Ms. \_\_\_\_\_  
Last, First, Middle Initial Birth date

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Spouses/SO \_\_\_\_\_  
Last, First, Middle Initial Birth date

Work/Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Dependents Name/Birthdate \_\_\_\_\_

Dependents Name/Birthdate \_\_\_\_\_

In Case of Emergency, please Contact: \_\_\_\_\_

Type of Membership Desired: \_\_\_ Individual \_\_\_ Couple \_\_\_ Family(4 people)  
\_\_\_ Senior \_\_\_ Other \_\_\_\_\_

An individual is defined as one person over the age of 18. A couple is defined as two people living in the same household, at least one of which is over the age of 18. A family is defined as four people living in the same household, at least one of which is over the age of 18. A senior is defined as anyone over the age of 65. Other is defined as any combination not covered by the previous definitions, and agreed upon by all parties at the time of this agreement.

**Payment Method Desired:**

I elect to pay the monthly membership dues with: ~~\_\_\_Credit Card\_\_\_Debit Card\_\_\_~~

I elect to prepay my dues by cash or check: ~~\_\_\_\_\_Semi-Annually\_\_\_\_\_Annually~~

Membership dues will be \$ \_\_\_\_\_ per month, and will be billed by the method indicated above on the 5<sup>th</sup> day of each month, commencing on \_\_\_\_\_.

Membership fees and cancellation fees are payable to Colorado Injury Care, LLC. Payment for a massage therapy appointment is payable to the participating massage therapist.

A cancellation fee equal to 50% of your appointment fee will be charged for any missed appointments not cancelled by close of the business day prior to your massage. All fees will be charged to the card/account on file. If the account is a prepaid account, fee will be due and payable prior to your next massage.

Current Massage and Gift Certificate rates are listed on the attached fee schedule and are valid through Jan. 31<sup>st</sup>, \_\_\_\_\_. I understand that rates may be adjusted each Feb. 1<sup>st</sup> of subsequent years.

I have read, understood, and agree to be bound by the information, terms, and conditions listed on the Membership Rules, a current copy of which is available at OHVMassage.com.

I agree to report any changes in my health status to Colorado Injury Care staff before undergoing a massage. I will not hold Colorado Injury Care or its' staff responsible for any health related concern that arises due to an undisclosed health condition.

**Addendum --Mamapedia OHV Membership**

As purchaser of a Mamapedia OHV Individual Membership Coupon, I understand that the \$11.00 individual membership fee is waived for the period of one year, commencing on the date of the above signed membership agreement.

I understand that payment for massage therapy services is payable to the participating massage therapist, or to CIC with a signed Electronic Funds payment form.

I understand that I am still responsible for any fees associated with any additional member options I have chosen, and any cancellation fees incurred for missed appointments.

I/We agree to the conditions of a Colorado Injury Care, LLC One Hour Vacation Massage Club membership, as purchased through Mamapedia. **I/We have read, understand, and agree to be bound by the information, terms, and conditions listed above, and on the attached membership rules.**

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# One Hour Vacation

## Membership Rules

1. All One Hour Vacation memberships are based on monthly auto-debit from credit card, checking, or annual or Semi-Annual prepayment. (Memberships purchased through Mamapedia.com will be treated as prepaid annual memberships.)
2. Please arrive 10 minutes before your scheduled massage therapy appointment. While we do allow extra time between sessions, arriving late may cheat you of precious table time. Remember, for us to offer the same quality of service to all of our massage therapy clients, each session must begin and end on time.
3. **Massage Cancellation Policy:** A cancellation fee equal to 50% of your appointment fee will be charged for any missed appointments not cancelled by close of the business day prior to your massage. All fees will be charged to the card/account on file. If the account is a prepaid account, fee will be due and payable prior to your next massage.
4. **Contract Cancellation Policy:** One Hour Vacation Membership is month-to-month after the initial 3 month contract. You may cancel your membership any time after the initial 3 months with a written notice submitted by mail, fax, or email.
  - a. CIC agrees to process your request within 15 days. We are not responsible for delays in cancellation caused by your bank or credit card issuer.
  - b. Monthly fees paid by credit, debit, or ACH are non-refundable.
  - c. Prepaid fees will be charged for the initial 3 month membership, and any additional months or partial months used. Any remaining balance will be refunded within 15 days of processing your cancellation request.
  - d. Mamapedia members only: Contract is cancellable at any time. A notice will be sent to the email address on file 60 days and 30 days prior to your membership expiration. You may elect to rejoin OHV at that time, otherwise, your membership will expire one year from the date of this Agreement.
5. All memberships are non-transferable.
6. Colorado Injury Care reserves the right to cancel clients' memberships at any time. Inappropriate or illegal behavior will not be tolerated.

7. All One Hour Vacation Memberships are for symptom-free maintenance care and cannot be used for treatment of symptoms as the result of auto accident, work injury, or any other acute or recent trauma or injury. Any changes in your health status must be reported to Colorado Injury Care before undergoing a massage. Colorado Injury Care and its' staff /contractors are not responsible for any health related concern that arises due to an undisclosed health condition.
8. Whenever possible, we ask that you book your appointment online at [www.ColoradoInjuryCare.com](http://www.ColoradoInjuryCare.com).
9. All membership use is based on appointment and current hours of operation of Colorado Injury Care and its associates.



## One Hour Vacation

### Authorization Agreement for Recurring Electronic Charge to Credit/Debit Card

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize Colorado Injury Care, LLC to initiate an Electronic Charge to the Credit/Debit Card Account (circle one) indicated below, for the reasons indicated below. If funds are returned unpaid for any reason, I understand that I am liable for a \$15.00 returned item fee, and any bank charges that may apply.

Card Type:    Visa                    MC                    Disc                    AMEX

Name on Account:

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Monthly Debit Amount: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Date of First Debit: \_\_\_\_\_

Subsequent Debits will be charged monthly beginning on the 5<sup>st</sup> day of \_\_\_\_\_, 20\_\_\_\_.

The authority to debit the account will remain in effect for twelve months, or until the contract is cancelled in writing by the cardholder.

1. Membership fees are NOT refundable and NOT transferable. \_\_\_\_\_
2. ~~All membership fees are paid in advance and due on the 5<sup>st</sup> of each month.~~ Massage Therapy fees are due at the time of service. \_\_\_\_\_
3. Cancellations received after 6 pm for the following business day will be charged 50% of the service(s) price. \_\_\_\_\_
4. All dues/fees will be debited, and a receipt sent to the email address on file with our office. \_\_\_\_\_
5. Mamapedia members only: I understand a notice will be sent to the email address on file 60 days and 30 days prior to my membership expiration. I can elect to rejoin OHV at that time, otherwise, my membership will expire one year from the date of this Authorization. \_\_\_\_\_
6. I elect to have my \$49 massage fee charged to my card at the time of each service. (Optional) \_\_\_\_\_

I have read, understand, and agree to be bound by the information, terms, and conditions listed above.

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



# One Hour Vacation Massage Club

Current Rates for 2010/2011

Rates adjust in February of each year

## Membership Rates

\$11.00/mo.....Individual

\$17.00/mo.....Couple

\$17.00/mo.....Family

\$ 8.00/mo.....Senior (Over 65)

Other options available upon request.

## Massage Rates

\$49.00      One Hour Massage (save \$31)

\$30.00      Each additional half hour

\$39.00      Seniors-One Hour Massage (Save \$41)

\$25.00      Seniors-Each additional half hour

\$59.00      Gift certificates