

## **WELLNESS MEMBERSHIP AGREEMENT**

(A) Member Informatio	n - To be completed by applic	cant			
Last Name	First	MI	Birth Date		
Current mailing address	5	City	State	ZIP	
Home Phone	Work Phone	Em	ergency Contact &	Phone #	
(B) Membership Inform	ation - To be completed by TI	PWC employee			
Today's Date:		Membersh	in Begins:		
			208		
Membership Package:	Serenity Package 3 6 mg	onths Tranqui	ility Package 3 6	months	
Your Monthly Payment	will be \$and is due	on the first of eac	h month charged to	o debit/credit card o	
(C) Payment Informatio	n				
Card Type: ☐ Visa ☐ MasterCard ☐ Other:		Billing A	_ Billing Address: ☐ Same as above		
Credit Card Number:		Street A	ddress:		
Exp. Date (MM/YY):	/ Auth. Code/CVV:	City, Sta	te, ZIP:		
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cceptance and Agreeme	nt				
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	cation and Agreement. I author		ct payment for men	nbership charges	
r the duration of my/oui	r membership through my cre	dit card.			
 lember Signature	 Date		epted By	 Date	
citibet signature	Date	AU	cpieu by	Date	

## **Terms & Conditions**

- Please arrive on time for your scheduled appointment.
- Sessions are 20min. for Aquamassage and 30 minutes for REWOT and BioMat.
- Sessions made by appointment may be forfeited by a late arrival at the discretion of TPWC
- Walk-in service is subject to availability.
- Use of TPWC's services and equipment is limited to the members named on this application.

## Waiver & Release of Liability

Any and all use of the TPWC facilities, or participation in, TPWC activities operated, arranged or sponsored by TPWC shall be at such the Member, Member's Family or Guest(s) shall be at such person's own risk, and TPWC shall not be liable for any injuries or damages to such person, or the property of such person, or be subject to any claim, demand, injury or damages. \_\_\_\_\_ (Initials)

## **Membership Cancellation Policy**

Membership cancellation prior to the agreement terms is subject to a \$50.00 cancellation fee. Cancellation requests must be in writing by email or certified letter. . \_\_\_\_\_ (Initials)