



# SpaVie Membership Agreement

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**Package Details**

Monthly Fee: \$ \_\_\_\_\_ Annual Membership Total: \$ \_\_\_\_\_ Paid Today: \$ \_\_\_\_\_  
Remainder of membership paid in 11 monthly installments on or after the \_\_\_\_\_ day of each month.  
Membership will auto-renew at the end of annual term for \$ \_\_\_\_\_/month paid on or after the \_\_\_\_\_ of each month until submission of a written termination request.

Membership Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of first automatic payment on or after: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, authorize SpaVie to charge my monthly membership fees to my financial institution via Electronic Funds Transfer service, with the credit/debit information that I have provided.

I understand that I am in full control of my payment, and if at any time I decide to make any changes to my credit/debit card information, I must submit to SpaVie the new banking information before the next due date. If at any time I decide to terminate my membership, I am required to give SpaVie a written notice 30 days before my next scheduled payment. I also understand no refunds will be issued after membership due has been charged. Change of payment method will not affect other provisions and terms of my agreement.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Notice to Members**

Do not sign this agreement before you have read it in its entirety. The member is entitled to a completed copy of this agreement. The member acknowledges that this document is an agreement and will become legally binding upon its acceptance by SpaVie. The member also understands there will be no refunds issued for any charged [member] dues.

The undersigned member acknowledges receipt of SpaVie's membership terms and conditions and has read, understands, and agrees to be bound by the terms and conditions as part of this agreement.

**Release and Waiver of Liability**

I have read and understand this waiver and have been fully informed of all of SpaVie membership terms and conditions as well as membership benefits and limitations. I certify that I have disclosed all medicated conditions that might affect my treatments. I understand that SpaVie's providers cannot diagnose any medical conditions and release them from any injury resulting from undiagnosed medical conditions present during my treatment. I assume all responsibility for updating changes in physical and mental condition and for reporting all injuries sustained at SpaVie at the time of service.

**Disclaimer**

SpaVie is not responsible for any injury or loss of property to any person while on the premises or participating in SpaVie's services. As a member, I assume full responsibility for services received at SpaVie and shall indemnify SpaVie, its affiliates, agents, and employees against any and all liability arising from services rendered.

**Monthly Membership Dues**

Membership dues will be automatically charged to member's bank account/credit card on the \_\_\_\_\_ day of every month.

**Card Information**

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

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

Card Type: MC/ VISA/ AMEX/ DISCOVER

CVV2 Code/CSC # (if any): \_\_\_\_\_

Billing House Number: \_\_\_\_\_

Billing Zip: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# SpaVie Membership Terms and Conditions

Monthly memberships are non-transferable and may not be shared  
Monthly membership payments or if paid in full is non-refundable  
SpaVie reserves the right to change clinic policies, regulations, and pricing at any time upon providing reasonable notice

**Freezing a Membership**

There may be times when a member will need to freeze his/her membership for a short period of time, due to circumstantial reasons such as military leave, pregnancy, extended illness, relocation, etc. When a membership is frozen, the member is not authorized to use his/her membership services or benefits during the freeze period.

You must be a member for at least 30 days and have made at least one month's membership payment in order to be eligible to freeze your account. Memberships may be frozen once during your annual contract period, for a minimum of 30 days and a maximum of 3 months, depending on the circumstantial reason that will be determined by SpaVie. The member may designate a date to end their freeze period at any time, or on \_\_\_\_/\_\_\_\_/\_\_\_\_. If no end date is given, the membership will be frozen for the full 3 month freezing period. At the end of the membership freeze term, your dues will continue with your next scheduled electronic funds transfer date. Your initial membership expiration date will be extended by the amount of time that your membership was frozen. The terms and conditions will continue to apply through the extended membership term. To initiate a freeze, submit a written request to SpaVie.

**Termination**

A 30-day written notice before your next scheduled payment is required to cancel a monthly membership plan. No refunds will be issued after monthly membership due has been charged or paid in full.

**Auto-Renewal**

Your membership will automatically be renewed at the end of the annual term, unless you submitted a written request to terminate your membership. During the renewal of your membership, your account will continually be charged the monthly membership fee. If your membership has been paid in full, Spa Vie will contact you regarding a renewal.

I understand and fully abide by the above terms and conditions by SpaVie Medical and Laser Aesthetics.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

S P A · V I E

**SPAVIE Membership - \$99 set-up fee, then \$79 monthly**

Signature HydraFacial™ – 1 **FREE** Treatment, then **20% off**

Botox/ Dysport – 20 units **FREE**, then \$9/unit thereafter

***All additional services 20% off***

HydraFacial™

Sciton Halo Laser Treatments

Sciton BBL Treatments

Sciton Micro Laser Peels

EMSCULPT

Alastin Skincare Products

ZO Skincare Products

LATISSE® Eyelash Treatment

Dermal Fillers

PRP facial rejuvenation

The O-Spot Shot

SkinPen® microneedling

\*\*\* The Membership Package is a 12-month commitment that begins on day of purchase. Pre-authorization for monthly credit card debit is required.\*\*\*