



Beauty Membership Agreement

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Monthly Membership Benefits:

- 20% Off Products \$100 Credit towards services *(after 20% off)*
- 20% Off Services *(excluding injections)* Free B-12 Shot or Eyebrow Wax
- \$35 Credit for Referrals *(can be accumulated up to 3 months)* Secret Reward Perks

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 Dr. K's Med Spa 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 complete Dr. K's Med Spa Payment Change Form. If at any time I decide to terminate my membership, I am required to give Dr. K's Med Spa 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. Transactions will appear as charge from "Largo Clinic and Med Spa".

Member Signature: _____ Date: ___/___/___

Signature of Parent or Guardian: _____ Date: ___/___/___

Witness 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 Dr. K's Med Spa. The member also understands there will be no refunds issued for any charged [member] dues.

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

Any member, who is under the age of 18, must have a parent or legal guardian co-sign and be present during all office visits. The co-signer, along with the member, agrees to be bound by all terms and conditions of this agreement.

Release and Waiver of Liability

I have read and understand this waiver and have been fully informed of all of Dr. K's Med Spa 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 therapists 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 Dr. K's Med Spa at the time of service.

Disclaimer

Dr. K's Med Spa is not responsible for any injury or loss of property to any person while on the premises or participating in Dr. K's Med Spa's services. As a member, I assume full responsibility for services received at Dr. K's Med Spa and shall indemnify Dr. K's Med Spa, 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: ____/____/____
Signature of Parent or Guardian: _____ Date: ____/____/____
Witness Signature: _____ Date: ____/____/____



Beauty 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
- Dr. k's med spa 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. Any accrued credit is required to be redeemed in a 3 month period from the date it was given but during the freeze period, any accrued credit will not be redeemed.

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 Dr. K's Med Spa. 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 Dr. K's Med Spa.

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, Dr. K's Med Spa will contact you regarding a renewal.

I understand and fully abide by the above terms and conditions by Dr. K's Med Spa.

Member Signature: _____ Date: ____/____/____

Signature of Parent or Guardian: _____ Date: ____/____/____

Witness Signature: _____ Date: ____/____/____