



Patient Name _____
Date of Birth _____
Phone Number _____
Please Fill in or Affix a Patient Label

THE WELLNESS CENTER
232 Boone Heights Drive
Boone, NC, 28607
MEMBERSHIP AGREEMENT

Member _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Phone Number (Home) _____ (Work) _____

This MEMBERSHIP AGREEMENT made between the undersigned MEMBER and Watauga Medical Center's Wellness Center (hereinafter collectively called the "Center"):

1. MEMBERSHIP: Subject to and under the terms of this Agreement, Center grants Member the privilege of the use of the Center's facilities and admission to the Center's programs.

2. MEMBERSHIP TYPE: Member selects the following indicated type of membership and acknowledges that all representations and commitments herein made are applicable to and binding upon all parties qualifying as "Members":

(A) Individual (B) Silver (C) Corporate (D) ARHS Employee (E) Couple (Indicate Type)

3. FEES AND DUES: Fees and dues are payable by the Member and are as follows:

(A) NON-REFUNDABLE INITIATION FEE
Initiation Fee \$ _____
Dues \$ _____
Paid ___/___/___ \$ _____

(B) FAMILY MEMBERSHIP INCLUDES THE FOLLOWING
Child #1 _____ Age: _____
Child #2 _____ Age: _____
Method of Payment: _____

4. MEMBERSHIP RESPONSIBILITIES AND REPRESENTATIONS:

- (A) The Member signing this Agreement shall be the party responsible for the payment of fees, dues and any other charges payable to the Center. Members must notify the Wellness Center of address, phone, e-mail, or payment changes.
(B) Adult Members are responsible for the supervision and actions of their children while on Center's premises.
(C) The undersigned represents that all parties qualifying as Members under this Agreement are (a) in good health and physical condition and can use the facilities and participate in the programs of the Center without appreciable risk, or (b) that such parties will participate only in the programs or the use of facilities approved by the member's physician.
(D) Member acknowledges and understands that activities and programs offered by Center are not a substitute for regular medical care, proper diet, and other actions related to the maintenance of good health and that the services and facilities offered by the Center are not those of a physician, mental treatment facility, or healthcare facility and should not be used as a substitute for the same.
(E) Members shall fully comply with the Rules and Regulations of the Center which may change from time to time.
(F) Members must present membership card to obtain entry to the facility.
(G) Members are responsible for all personal items unattended while in the facility.

5. MEMBER'S ASSUMPTION OF RISK: In partial consideration of admission to Membership, it is recognized as to all parties qualifying as members hereunder that there may be risks involved in or associated with the use of Center's facilities and participation in Center's programs. The Member does fully accept and assume such risks and the consequences thereof and does fully release, acquit, and discharge Center, its agents and employees, of and from all claims for damages or other relief from or in any manner related to Member's use of Center's Facilities or participation in Center's programs.





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6. **RIGHT OF CENTER TO CANCEL:** Center reserves the right to cancel this Agreement or to terminate or suspend the Membership privileges of any Member upon (a) default in Member's payment of Fees and Dues within Fifteen (15) days after the due date for payment of the same, (b) violation of Center's Rules and Regulations, (c) conduct endangering the persons or properties of other Members or the properties, agents, and employee of the Center (d) any breach in the membership code of conduct.
In such instances, the Initiation Fee is not refundable; Other Dues/Fees will NOT be refunded.

7. **RIGHT OF MEMBER TO CANCEL OR FREEZE:** If members wish to have their account frozen or canceled, the Center must receive written notice for the file. This written notice must be received and approval granted before the last day of the month prior to start of the appropriate month. If membership is not canceled or frozen in writing, member will continue to be billed and will be held responsible for payments. There is an 8 month limit on the length of time to freeze an account. After 8 months, the initiation fee will be reassessed if membership is to ensue. Accounts can only be frozen once during the calendar year, and a fee of \$20 is required to freeze for each membership.
For all memberships, the Initiation Fee is NOT refundable. Monthly, quarterly, and semi-annual memberships are not eligible for refund or any prepaid dues.

8. **Center's Billing Process:** Membership dues will be assessed on a monthly, quarterly, or semi-annual basis. It is the responsibility of the member to select the desired billing cycle and to understand when payment should be received to avoid late fees and/or termination of membership. Billing occurs on the 1st of the month and all balances owed must be paid by the 10th of the month to avoid a \$10 late fee and termination of membership. If membership is terminated, the member must repay the initiation fee. If balances greater than \$12 are not paid before the 15th of each month, a \$10 late fee will be assessed on next month's bill and the membership will be terminated. The Center reserves the right to transfer unpaid membership and account fees to Center's collections agency.

9. **Center's auto draft policy:** Members that do not enroll into auto draft via bank draft of account fees, and to receive e-mail notification of the account statement will be subject to a \$3.00 statement fee. The statement fee will be applied to each billing cycle that is selected by the member.

10. **Right of the Center to collect debt owed:** If membership fees are not collected within 30 days of payment, the Center will notify the member via phone call, e-mail, and/or letter. If dues are not collected at 60 days, the member will receive notification of the account being transferred to the Center's collection agency at 90 days past due. You agree, in order for us to service our account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.
 I/We have read this disclosure and agree that the Practice/Office may contact me/us as described above.

11. **INCORPORATION OF RULES AND REGULATION; ENTIRE AGREEMENT; SURVIVAL OF AGREEMENT:**
 The Center's Rules and Regulations as they shall exist from time to time, shall be deemed incorporated into and made a part of this Agreement. This Agreement and the Center's Rules and Regulations constitute the entire agreement between the parties and supersede all other representations of agreements that are not in writing and signed by or on behalf of the parties hereto. This Agreement shall survive the parties hereto and shall be binding upon and applicable to their respective personal representatives, successors and assigns.

MEMBER: _____ Date: _____ Time: _____

STAFF MEMBER: _____ Date: _____ Time: _____

MEMBER: _____ Date: _____ Time: _____

STAFF MEMBER: _____ Date: _____ Time: _____

