

## Payment Authorization

Date: \_\_\_\_\_ Participant(s): \_\_\_\_\_ Age(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/guardian phone # only if minor

Email: of person responsible for payment \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Neuromuscular Therapy Plans:

- Single Session (\$115)
- 5-Session Package (\$525—\$50 savings)  10-Session Package (\$950—\$200 savings) *\*Packages expire after 3 months*

### Gym Membership Plans:

- Drop-In Guest (\$20/day)
- Open Gym:  Monthly (\$75/mo)  Annual (\$795/yr—\$105 savings)  Open Gym + Written Program +1 PT Session (\$179/mo)
- Group Strength Training: **Choose a monthly or 3-month membership plan below**
  - Monthly Plans:  2x/week (\$149/mo)  3-4x/week (\$199/mo)  5-6x/week (\$249/mo)
  - 3-Month Plans: (\$60 savings):  2x/week (\$387)  3-4x/week (\$537)  5-6x/week (\$687)
- Open Gym Add-On to any Group Training Membership (\$37.50/mo)
- Speed/Agility Add-On to any Group Training Membership (\$59/mo)
- School/Club Team Training (rates vary) *Indicate school/club team:* \_\_\_\_\_

### Personal Training Plans:

- 1-on-1 Personal Training (\$100/Session)  10-Session Package (\$900—\$100 savings)
- Neuromuscular Personal Training (\$150/Session)  10-Session Package (\$1,250—\$250 savings)
- Small Group Personal Training:
  - 2 People (\$75/person/session)  3 People (\$60/person/session)  4 People (\$45/person/session)
  - 5 People (\$36/person/session)  6 People (\$30/person/session)
  - 10-Session Package (receive 10% discount equal to one free session)

### Recovery Services:

- Infrared Sauna
  - Single Session (\$20)  5-Session Package (\$90—\$10 savings)  10-Session Package (\$150—\$50 savings)
- Cold Plunge
  - Single Session (\$20)  5-Session Package (\$90—\$10 savings)  10-Session Package (\$150—\$50 savings)
- Normatec Compression Boots with Massage Chair
  - Single Session (\$20)  5-Session Package (\$75—\$25 savings)  10-Session Package (\$100—\$100 savings)

NEXT PAGE MUST BE COMPLETED &gt;&gt;&gt;

\_\_\_\_INITIAL I hereby authorize Dunamis Health & Performance to charge my credit card for services rendered.

\_\_\_\_INITIAL **All memberships will be charged at sign-up date and will automatically be charged each month thereafter** (except multi-month/split payment packages). You may request a prorated charge within the current month and then each future charge will occur on specified date of each month. Individual therapy and personal training sessions will be charged typically within one business day following completion of the session. Select packages may be granted a half charge at time of first session and the remaining balance at the half way point of package sessions or two weeks later, whichever occurs first.

\_\_\_\_INITIAL **All memberships are auto reoccurring and non-refundable. To cancel a membership plan, a written notice via email to the Dunamis Administrator at [admin@recoverandperform.com](mailto:admin@recoverandperform.com) must be sent no later than one week prior to your auto renewal date (based on your start date).** Under extenuating circumstances, any member requesting a pause in membership will be at the discretion of the Administrator with the option of the membership term being extended. If granted, reoccurring payments will continue to be processed as normal but unused time will be added on to the end of your membership term. For any membership term, only one pause will be applied.

\_\_\_\_INITIAL Cash or check payment will only be accepted for one time payments paid up front. No reoccurring memberships may use cash or check payments.

\_\_\_\_INITIAL **24-hour cancellation policy for therapy appointments and personal training sessions:** missed therapy or personal training sessions not canceled 24 hours in advance will incur a full charge.

\_\_\_\_INITIAL **Any declined check, debit or credit card will receive a 5% charge to the outstanding balance added each week.**

----- **CREDIT CARD INFORMATION** -----

***NOTE TO DEBIT/HSA CARD USERS: please make sure to have appropriate funds in your account by your auto renewal date/session charge date. Declined card/late fees will apply (see related policy above).***

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

Printed Name on Card: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV/CVC: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

***All billing information/receipts will be sent to the email address above.***

Notes: \_\_\_\_\_

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