

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 (\$75/month)
- Open Gym + Written Program +1 PT Session (\$179/month)
- Group Strength Training:
 - 2x/week (\$149/month)
 - 3-4x/week (\$199/month)
 - 5-6x/week (\$249/month)
- Speed/Agility add-on to any Group Training membership (+\$59/month)

Personal Training Plans:

- 1-on-1 Personal Training: Single Session (\$100/Session) 10-Session Package (\$900—\$100 savings)
- Neuromuscular Personal Training: Single Session (\$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:

- Dry Needling:
 - Single Session (\$75)
 - 5-Session Package (\$350—\$25 savings)
 - 10-Session Package (\$650—\$100 savings)
- Cupping:
 - Single Session (\$50)
 - 5-Session Package (225—\$25 savings)
 - 10-Session Package (\$400—\$100 savings)
 - CBD oil add-on to cupping session (+\$20/session)
- Normatec Compression Boots:
 - Single Session (\$20)
 - 5-Session Package (\$75—\$25 savings)
 - 10-Session Package (\$100—\$100 savings)

NEXT PAGE MUST BE COMPLETED >>>

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

____INITIAL **Prior to February 1, 2024, all memberships will be charged at sign-up date and will automatically be charged each month thereafter.** 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 **Prior to February 1, 2024, all memberships are auto recurring and non-refundable. To cancel a membership plan, a written notice via email to the Dunamis Administrator at 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, recurring payments will continue to be processed as normal but unused time will be added on to the end of your membership term.

____INITIAL Cash or check payment will only be accepted for one-time payments paid up front. No recurring 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 each week past due.**

----- **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: _____

