



## IV HYDRATION Membership Agreement

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Membership Benefits

**BASIC HYDRATION**

**PREMIUM VITALITY**

**VIP**

**TOTAL WELLNESS**

### Premium

**Upgrade?**

**Yes No**

Monthly Fee: \$\_\_\_\_\_

Membership is auto-drafted on the 1<sup>st</sup> of each month in the amount of \$\_\_\_\_\_/month until submission of a written termination request.

Membership Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of the first automatic payment is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, \_\_\_\_\_, authorize ML Solutions: IV Therapy & Essential Care to charge my monthly membership fees to my financial institute via electronic funds transfer service, with that credit/debit information I have provided.

I understand that I am in full control of my payment, and if at any time I decide to make changed to my credit/debit card information, I must complete a payment change form. If at any time I decide to terminate my membership, I am required to give ML Solutions: IV Therapy & Essential Care a written 30-day notice before my scheduled payment. I also understand no refunds will be issued after membership due has been charged. The change of payment method will not affect other provisions and terms of my agreement. Transaction will appear as charge from "ML Solutions".

Member Signature: \_\_\_\_\_ 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 complete copy of this agreement. The member acknowledges that this document is an agreement and will become legally binding upon its acceptance by ML Solutions. The member also understands there will be no refunds issued for any charged [member] dues.

The undersigned member acknowledges receipt of ML Solutions 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 ML Solutions 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 ML Solutions at the time of service.

## Disclaimer

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

## Monthly Membership Dues

Membership dues will be automatically charged to the member's bank account/credit card on the 1st day of every month. In the event that payment is unsuccessful, ML Solutions will attempt 3 times to obtain payment electronically. A \$35 fee will be applied to payments 5 or more days late.

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## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

## IV Infusion 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
- ML Solutions reserves the right to change clinic policies, regulations, and pricing at any time upon providing reasonable notice
- Only services listed on the IV Hydration menu are included in your membership, unless other wise stated via promotion, or change to terms.

### Termination

A 30 day written notice before your next scheduled payment is required to cancel a monthly membership plan. Members must maintain membership for a minimum of one month before terminating. No refunds will be issued after monthly membership due has been charged or paid in full.

### Update Auto-Draft Information

If at any time I decide to make changes to my credit/debit card information, I must complete a payment change form.

### Auto-Renewal

Your membership will automatically be renewed each month, 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, ML Solutions will contact you regarding a renewal.

I understand and fully abide by the above terms and conditions by ML Solutions.

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

Signature of Parent or Guardian: \_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

## **Something's you need to know about your membership.....**

- Monthly dues are non-refundable, non-transferable
- Fees apply to late payments after 5 days
- You will not receive your benefits if membership is not active

### **Referral Program** – know someone that would benefit from IV Hydration?

- Refer (5) people within a 12-month period, **that purchases a IV drip**, you will receive a FREE IV.
- Follows the guidelines of your current membership(basic/premium)
- Every referral must purchase an IV to be an eligible referral.
- They must mention your name at check in/out
- Referral cannot be a previous client of ours.

### **Family/Friend Discount**

- \$5 off any IV drip
- Does not apply to injections (vitamin or weight loss), add-ons, or specialty infusions.
- It cannot be combined with any other offer.
- One time discount for the person receiving.

### **Member Specials**

- Cannot be shared with other members
- Cannot be shared with non-members
- These specials are exclusive to members as an added perk for being loyal

### **Mobile Visits**

- Your monthly IV is not eligible for a mobile visit
- Additional dips are eligible
- \$50 fee for mobile visit
- *We offer this service seldomly due to clinic need. As we grow, this will be a service we can offer on a regular basis. With that said, always ask about availability if this is something you need.*

### **Specialty Infusions**

- These infusions are not included in any membership that we offer at this current time.
- Membership discount cannot be applied to specialty infusions.

### **Oxygen Bar**

- Normally a rate of \$2/min, you receive a discount of 50% off each minute. 10 minute minimum.

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**BASIC  
HYDRATION**

**\$165**  
*per month*

**1 Basic Drip per month**

10% Discount on Add-ons  
10% Discount on Add'l Drips  
50% off Oxygen Bar Minutes  
Referral Program  
Priority Scheduling

**Premium  
upgrade  
+\$20/month**

**VIP**

**\$315**  
*per month*

**2 Basic Drips per month**

15% Discount on Add-ons  
15 % Discount on Add'l Drips  
50 % off Oxygen Bar Minutes  
Referral Program  
Family/Friend Discount  
Priority Scheduling  
***FREE Monthly B12 Injection***

**PREMIUM  
VITALITY**

**\$185**  
*per month*

**1 Premium Drip per month**

10% Discount on Add-ons  
10% Discount on Add'l Drips  
50% off Oxygen Bar Minutes  
Referral Program  
Family/Friend Discount  
Priority Scheduling

**EXCLUSIVE**

**MEMBER SPECIAL**

**EACH MONTH**

MONTHLY DRAFT ON 1<sup>ST</sup> OF MONTH  
NON-REFUNDABLE  
NON-TRANSFERABLE  
TERMS & CONDITIONS APPLY

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