



GET REVIDALIZED

MEMBERSHIP AGREEMENT

GENERAL

LAST NAME	FIRST NAME	MI
DOB	PHONE	EMAIL
STREET ADDRESS I		STREET ADDRESS II
CITY	STATE	ZIP

Please check one correct Type of Membership and check one correct Monthly Membership Fee below.

TYPE OF MEMBERSHIP	MONTHLY MEMBERSHIP FEE
<input type="checkbox"/> 6 Month ReVIDAlizer Membership: 1x/mo.	<input type="checkbox"/> \$69 Monthly
<input type="checkbox"/> 6 Month ReVIDAlizer Membership: 2x/mo.	<input type="checkbox"/> \$99 Monthly
<input type="checkbox"/> 6 Month ReVIDAlizer Membership: 3x/mo.	<input type="checkbox"/> \$129 Monthly
<input type="checkbox"/> 6 Month B-12: 4x/mo.	<input type="checkbox"/> \$69 Monthly
<input type="checkbox"/> 6 Month MIC B-12: 4x/mo.	<input type="checkbox"/> \$129 Monthly

PAYMENT INFORMATION

I hereby authorize Vida-Flo to charge my credit card listed below in lieu of presenting it for any services, retail items, packages or membership upon my request.

VISA	MASTERCARD	AMERICAN EXPRESS	DISCOVER
LAST 4 DIGITS OF CREDIT CARD NUMBER	EXPIRATION	BILLING ZIP	
CARDHOLDER'S SIGNATURE	DATE		

TERMS & CONDITIONS

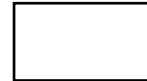
Your membership fee will be due on the commencement date of this agreement and then due on or after the same day of each month hereafter until your membership is terminated in accordance with this agreement. All cancellations require 30 days written notice and are effective 30 days after the date received. Payments are due prior to the effective date and will be charged as scheduled.

Your membership is auto-renewable. Following the initial term, your membership will automatically continue on a month-to-month basis at the above agreed upon cost per month until your membership is cancelled.

You may cancel your membership during the initial term only in the event that: (a) you permanently relocate your residence more than 25-mile radius away from any Vida-Flo; or (b) a Physician certifies that you are unable to receive Vida-Flo services. All cancellation requests MUST be accompanied by written proof of relocation (e.g., Mortgage or Rental agreement, utility bill, car insurance) or submission of Doctor's note. Upon approval of your written request for membership cancellation during the initial membership term, you will be relieved from making any future membership dues payments.



You may cancel an appointment with no charge any time before the close of business on the business day preceding your appointment. Same day cancellations will be charged 50% of the scheduled service price. If you do not call to cancel or do not show up for your scheduled appointment, you will be charged full price for the scheduled service. Nationwide reciprocal benefits will vary based on the local market rate. There may be an additional charge for all services when visiting a Vida-Flo in a different market. Please see clinic for specific pricing.



You understand that participating in intravenous (IV) hydration, vitamin/supplement administration, pharmaceutical administration, programs and services made available by Vida-Flo carries risks.

YOU ACKNOWLEDGE AND AGREE THAT THE SOLE RISK OF INJURY OR HARM RESULTING IN ANY MANNER FROM YOUR CHOOSING TO PARTICIPATE IN SUCH REGIMEN, PROGRAMS AND SERVICES RESTS ENTIRELY WITH YOU TO THE EXTENT THAT YOU DO NOT DISCLOSE YOUR HEALTH CONDITIONS, MEDICATIONS OR DRUG USE IN ADVANCE.

You expressly represent and warrant to Vida-Flo that you have never been diagnosed with nor treated for any diseases, illnesses or conditions which may result in increased risk when you participate in regimens, programs or services made available by Vida-Flo, and you are not choosing to participate with any expectation that Vida-Flo will screen for, diagnose, monitor or otherwise provide any care or treatment for such conditions. You acknowledge and understand that Vida-Flo is relying upon the foregoing representations and warranties from you upon Vida-Flo's acceptance of you for participation in its IV hydration, programs and services.

You acknowledge that no guarantees or assurances have been made to you concerning the results intended from the sessions and programs offered by Vida-Flo. You understand the nature of the sessions and programs and that participating in them carries risks. You have been given an opportunity to ask questions, and all of your questions have been answered fully and to your satisfaction. You agree to your assumption of all risks associated with your participation the sessions and programs and you agree to hold Vida-Flo harmless regarding any complications or consequences you experience resulting therefrom.

The present Membership Agreement form is signed today under the rule of present laws and regulations. YOU ACKNOWLEDGE RECEIVING AND READING A COMPLETED COPY OF THIS AGREEMENT BEFORE SIGNING. YOU UNDERSTAND THAT OUR RULES & REGULATIONS AND THE TERMS IN OUR OVERVIEW BROCHURE ARE INCORPORATED INTO THIS AGREEMENT.

By signing below, I authorize Vida-Flo to charge the amount I have specified. Monthly dues and/or renewal fees will be withdrawn on or after the same day of each month. I understand that Vida-Flo may continue to charge my account or cancel my membership in accordance with the terms and conditions of this agreement. Additionally, I authorize Vida-Flo to charge my credit card on file in lieu of presenting it for any services received, at my request. We agree to sell, and you agree to purchase the membership, goods and services described herein. You agree to pay us for the membership, goods and services according to the payment schedule above. Your signature below indicates your agreement to be bound to the terms, conditions, rules and regulations of the Agreement. All of terms and conditions in this Agreement, as well as those contained in the Vida-Flo overview brochure that has been given to you, are a part of this Agreement. All persons signing this Agreement are equally responsible for paying it in full.

Vida-Flo Member

Print Name	Signature	Date
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Vida-Flo Wellness Consultant

Print Name	Signature	Date
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