



## Membership Agreement

_____	_____	\$200_____
Child's Name	DOB	
_____	_____	\$150_____
Child's Name	DOB	
_____	_____	\$150_____
Child's Name	DOB	
_____	_____	N/A_____
Child's Name	DOB	
_____	_____	N/A_____
Child's Name	DOB	

I, \_\_\_\_\_, the parent/legal guardian of the above listed minors, enter into this membership agreement with SEE Alternatives Wellness (SAW).

The Membership Fee is generally a non-refundable annual fee, required to be paid in advance of any services and is automatically renewed on an annual basis on \_\_\_\_\_. SAW may from time to time vary its fee structure or offer promotional or group rates. SAW will provide at least 60 days' notice for any changes in its membership fees.

I acknowledge that no part of the Membership shall be paid in consideration for medical services provided by SEE Alternatives Pediatrics that are covered by my insurer, health plan or by any governmental program, including Medicaid. I agree to bear sole financial responsibility for the Membership Fee. All or a portion of the Membership Fee may be purchased or reimbursed by a third party, such as an employer. Notwithstanding such third-party payment or reimbursement, I shall be bound by the terms and conditions of this Agreement.

I acknowledge and agree that I am responsible for the use of the Membership and the results attained from such use. SAW makes no representations or guarantees as to results or outcomes (including, for example, cure of a particular disease or resolution of any condition). The Membership is personal to the individual(s) listed above and is non-transferrable. The Membership may not be shared, assigned or transferred to anyone else even if my family is not using it.

### Authorization for Credit Card or Health Savings Account Card Payment

I agree to provide SAW with my credit card or other payment information for payments with respect to the Membership and Services. SAW shall be authorized to keep my account information on file and to charge my credit card for any unpaid initial Membership Fee, Membership renewal, and fees for

Additional Services/products (example: classes or supplement sales) provided by SAW to the above-mentioned minors. I will update SAW in advance in the event of a change in my credit card information, including changes to the name on my card, my billing address and my reference phone number.

Cancellation/Termination

I expressly consent to auto renewal of Membership and related charges. I may opt out of automatic renewal with at least 30 days' notice prior to the annual renewal date (\_\_\_\_\_) by submitting my request in writing. I understand that by cancelling the membership, I am also terminating my relationship with SEE Alternatives Pediatrics and will find an alternate provider for my child's healthcare needs. I will provide SEE Alternatives Pediatrics with an authorization for release of records for my child's medical records for coordination of care.

SAW may terminate the Membership, at any time, upon:

- my breach of this Agreement
- my breach of SAW policies and procedures as described on the website or in other written communication.
- my non-payment of fees or having an outstanding balance of \$100 or greater [for either SEE Alternatives Pediatrics or SAW], if not paid within 30 days after written request.

Intellectual Property

SAW's copyrighted and original materials on the SEE Alternatives Wellness site and the SEE Alternatives Pediatrics Members Only Page will be provided to my family for our use only with a single-user license. I am not authorized to use any of SAW's intellectual property for my business purposes or to share with others who are not indicated on this document. I am not authorized to share, copy, distribute, or otherwise disseminate any materials received from SAW electronically or otherwise without the prior written consent of SAW. All intellectual property, including SAW's copyrighted course materials, shall remain the sole property of SAW. No license to sell or distribute SAW's materials is granted or implied.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SAW Representative Signature

\_\_\_\_\_  
Date