



Wellness on Wheels Mobile Chair Massage Service Agreement

This represents an agreement and understanding between **Appleton Therapies LLC** and

_____ (hereinafter called CLIENT.)

LIABILITY

CLIENT understands that Appleton Therapies LLC requires Professional Liability Insurance Coverage for each of its subcontractors and will provide detailed policy information & verification of said coverage to CLIENT upon request.

INDEMNITY

CLIENT agrees, to indemnify and hold Appleton Therapies LLC, harmless from any claim, loss, cost, expense, demand, or damage, arising directly or indirectly out of the use of its on-site services and activities in connection therewith.

NON-SOLICITATION

CLIENT agrees not to solicit agents, subcontractors or representatives of Appleton Therapies LLC directly for employment, contract or otherwise.

PAYMENT

For the initial engagement, CLIENT agrees to supply a valid credit card to secure the booking and to submit payment on or before the date of service. For all subsequent engagements, CLIENT agrees to submit payment on a NET30 basis (30 days after invoice.) Payment is accepted by check or major credit card.

CANCELLATIONS

No refunds will be provided for deposits or cancellations received less than 24 hours before a scheduled appointment. Cancellations received between 72 and 48 hours before a scheduled appointment are eligible for a 75% refund, and cancellations received less than 48 hours before a scheduled appointment are eligible for a 50% refund. Additionally, events with 5 or more therapists that have been booked and confirmed, will incur a 10% non-refundable fee for any cancellation or change, at any time.

MISCELLANEOUS

The Terms of Service and the relationship between CLIENT and Appleton Therapies LLC shall be governed by the laws of the State of Alabama without regard to its conflict of law provisions. CLIENT and **Appleton Therapies LLC** agree to submit to the personal and exclusive jurisdiction of the courts located within the state of Alabama.

Name: _____

E-Mail Address: _____

Enter Your Initials Here: _____

By submitting this form, I am representing myself as an agent of said company with the authority to agree to these terms of service.