

## WELLNESS AGREEMENT FREEZE REQUEST FORM

Each independently owned and operated Massage Envy<sup>®</sup> franchise which is the Home Clinic (where the Wellness Agreement membership originated) of a member may offer a “Freeze” option. This option allows a member to suspend his/her Wellness Agreement for an agreed length of time, during which his/her Wellness Agreement will be frozen and no monthly payments will be due. While the Wellness Agreement is frozen, the member will not be able to use any of his/her Wellness Benefits including, but not limited to, accrued but unused Wellness Massage, Customized Facial or Total Body Stretch sessions (“Services”), or any Services that have been transferred (shared) from another member. While the Wellness Agreement is frozen, the member also will not accrue any additional Wellness Benefits including monthly Services.

Member Name: \_\_\_\_\_ Global ID: \_\_\_\_\_

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

Member Home Clinic: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Your Freeze begins on: \_\_\_\_\_ and expires on \_\_\_\_\_

Your monthly payments will resume on \_\_\_\_\_

I, \_\_\_\_\_, acknowledge and agree that the Freeze option has been explained to me and I understand and agree that my regular monthly payments will resume on the date listed above. I also understand that I may not use any Wellness Benefits, including accrued but unused and/or transferred (shared) Services during the entire time of my Wellness Agreement is frozen. I further understand that I will not accrue any Wellness Benefits, including monthly Services while my Wellness Agreement is frozen.

I acknowledge and agree that the term of my Wellness Agreement will be extended by the length of the Freeze period noted above. I further acknowledge that on the next scheduled EFT date after the freeze period expires, my credit card will be automatically charged and will continue to be automatically charged monthly thereafter for all future payments due under my Wellness Agreement.



By signing below, I hereby acknowledge and agree that my Wellness Agreement be placed in Freeze status for the Freeze period indicated above. I understand and agree that each Massage Envy® location is an independently owned and operated franchise and that this Freeze Request and my Wellness Agreement are solely with the Home Clinic identified above. Neither Massage Envy Franchising, LLC, ME SPE Franchising, LLC, nor any of its past, present, or future affiliates or subsidiaries and their respective parties, entities under common control, vendors, service providers, attorneys, employees or representatives (all of the foregoing hereafter collectively referred to as “MEF”) is a party to my Wellness Agreement or the Wellness Program or this Freeze Request Form or the modification to my Wellness Agreement that will occur as a result of submitting this Freeze Request Form. MEF is not responsible for any acts or omission related in any way to my Wellness Agreement or the modification thereto that will occur as a result of submitting this Freeze Request Form or the services provided to me under my Wellness Agreement and this modification thereto. I further acknowledge and agree that MEF shall not have any liability for (i) any obligations or liabilities relating to or arising from my Wellness Agreement or this modification to the Wellness Agreement; (ii) any claim based on, in respect of, or by reason of the relationship between me and my Home Clinic; or (iii) any claim based upon any alleged unlawful act of omission by my Home Clinic or any other MASSAGE ENVY® franchise.

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

Manager/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of employee who processed the Freeze in Meevo: \_\_\_\_\_

Date processed: \_\_\_\_\_

You will be provided a copy of this signed form. The original will be placed in your member file in the clinic.