

The Vanderbilt Dayani Center for Health & Wellness Membership Agreement

Monthly Fee \$_____ Membership Start Date: _____

I wish to become a member of the Vanderbilt Dayani Center for Health & Wellness.

A representative of the Dayani Center has told me about the fees and membership rules, and all my questions have been answered. I understand that my membership is an outpatient service of the Vanderbilt University Medical Center and will be billed as such.

I agree that my membership will automatically continue unless and until I end my membership. To end my membership, I may give 30-days' written notice at any time by either:

- registered mail or
- personal delivery to the membership director of the Dayani Center.

A form for ending my membership is available from the membership director or the receptionist. My membership will end 30 days after written notice is received at the Dayani Center.

I understand that I will not be given credit for any time before the 30-day notice period has expired. If I have already paid for any time past the date my membership will end, the Dayani Center will refund me this amount. I agree to pay any fees I may owe for the time before my membership ends.

I understand that my monthly payments will start based on one of the following dates:

- when my health care provider clears me medically to participate
- when I am medically cleared according to American College of Sports Medicine guidelines

I agree that I will use the facility only after getting medical clearance and, if needed, a stress test. By signing below, I acknowledge that I have read this agreement and that I understand and agree to it. I understand that I am free to end my membership according to the terms above.

Participant (print name): _____

Signature: _____ Date _____

Witness (print name): _____

Signature: _____ Date _____