

Payment Authorization

Date: _____ Participant(s): _____ Age(s): _____ Phone: (____) _____

Parent/guardian phone # only if minor

Email: *of person responsible for payment* _____

Address: _____ City: _____ State: _____ Zip: _____

Flying Horse Member: NO YES Flying Horse Member # _____

FH members receive a 10% discount for Dunamis neuromuscular therapy, training and personalized written programs (not applicable for written program+ or recovery services).

Neuromuscular Therapy Plans:

- Single Session (\$125)
- 5-Session Package (\$575—\$50 savings) *Expires after 3 months.*
- 10-Session Package (\$1,050—\$200 savings) *Expires after 3 months.*
- Monthly Unlimited Post-Surgical Therapy & Training (\$1,650/mo)

Personal Neuromuscular Training Plans:

- Single Session Neuromuscular Personal Training (\$100-\$150/session, depending on type of service)
Staff, note price: _____
- 10-Session Package Neuromuscular Personal Training (\$1,250—\$250 savings)
- Small Group Personal Neuromuscular Training:
 - 2 People (\$75/person/session) 3 People (\$60/person/session) 4 People (\$45/person/session)
 - Larger groups please discuss with Dunamis staff for options and discount pricing.*
- 10-Session Package (receive a 10% discount, equal to one free session)

Written Programs:

- Written Program+ (\$199/mo)
Monthly written program + supervised group training at Flying Horse for 1-4 individuals, 4x/week.
- Personalized Program (\$199/mo, \$179/mo for FH members)
Monthly written program and one personal session at Flying Horse to go over program.

Recovery Services:

- Normatec Compression Boots
 - Single Session (\$20). 5-Session Package (\$75—\$25 savings) 10-Session Package (\$100—\$100 savings)
- Game Ready Cryotherapy/Compression (Ankle/Knee)
 - Single Session (\$35) 5-Session Package (\$150—\$25 savings) 10-Session Package (\$250—\$100 savings)

NEXT PAGE MUST BE COMPLETED >>>

____ INITIAL I hereby authorize Dunamis Health & Performance to charge my credit card for services rendered.

____ INITIAL **Therapy and training sessions will typically be charged within one business day of service rendered or by the end of that week.** Select packages may be granted a half-charge at time of first session, and remaining balance will be charged at the half-way point of package sessions or two weeks later, whichever occurs first.

____ INITIAL **All monthly training and monthly written program plans are auto recurring and non-refundable.** The initial charge will occur upon sign-up and you will automatically be charged each month thereafter on that date unless canceled one week in advance of your auto renewal date.

____ INITIAL **Any declined check, debit or credit card will receive a 5% charge to the outstanding balance and will accrue weekly.**

____ INITIAL **Cash or check payment will only be accepted for one-time payments paid up front** upon service rendered. No monthly recurring plans/programs may use cash or check payments; credit/debit card must be put on file.

____ INITIAL **24-hour cancellation policy for therapy and personal training sessions:** missed therapy or personal training sessions not canceled 24 hours in advance will incur a full charge. To cancel, text your therapist/trainer directly or email the Dunamis Administrator at admin@recoverandperform.com.

____ INITIAL **To cancel a monthly training/written program plan, written notice must be sent to the Dunamis Administrator at admin@recoverandperform.com** no later than one week prior to your auto renewal date.

CREDIT CARD INFORMATION

NOTE TO DEBIT/HSA CARD USERS: please make sure to have sufficient funds in your account upon service rendered and/or for monthly auto renewal payments. Declined card/late fees will apply (see policy).

Signature: _____ Date: _____

Printed Name on Card: _____ Billing Zip: _____

Credit Card #: _____ Expiration Date: _____ CVV/CVC: _____

Billing Address (if different than above): _____

All billing information/receipts will be sent to the email address above.

Notes:
