

WELLNESS AGREEMENT CANCELLATION REQUEST FORM

You may cancel your Wellness Agreement during the Initial Term if: (a) you provide written proof (e.g., executed mortgage or rental agreement, utility bill, car insurance) that you have moved more than 25 miles from your residence on the date you signed your Wellness Agreement and such relocation puts you more than 25 miles away from any Massage Envy® location; or (b) you provide a written statement from your medical provider certifying that you are unable to receive massages for medical reasons; or (c) other extenuating circumstances exist that the Home Franchised Location (as identified below) in its sole discretion permits you to cancel during the Initial Term. All cancellation requests (whether during the Initial Term or thereafter) must be submitted in writing to us at:

_____ (franchised location mailing address)
or via email to us at _____ (franchised location email address)

("Home Clinic") and will become effective ten (10) days after the cancellation request is received by us ("Cancellation Effective Date"). Any payments due under the Wellness Agreement prior to the Cancellation Effective Date will be charged by us as scheduled. Some state laws may provide you with additional cancellation rights.

SECTION 1: MEMBER INFORMATION

Member Name: _____
Email: _____
Date Requested: _____

Member ID#: _____
Phone: _____

Please take a moment to tell us how your Home Clinic has been doing in the following areas:

	Unsatisfactory	Poor	Fair	Good	Great
Quality of massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service from front desk staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of convenient appointment times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness and atmosphere of franchised location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for Cancellation: _____

SECTION 2: MEMBER ACKNOWLEDGEMENT AND SIGNATURE

I, _____, acknowledge and agree that my cancellation will be effective on the Cancellation Effective Date. I also understand and agree that I have a 60-day period from the Cancellation's Effective Date to redeem any accrued but unused Wellness Benefit. **UPON EXPIRATION OF THE SIXTY (60) DAY PERIOD AFTER THE CANCELLATION EFFECTIVE DATE, ALL ACCRUED BUT UNUSED WELLNESS BENEFITS, INCLUDING ANY ACCRUED BUT UNUSED WELLNESS MASSAGES, SHALL EXPIRE AND I WILL NO LONGER HAVE THE RIGHT TO USE ANY SUCH WELLNESS BENEFITS. I ACKNOWLEDGE AND AGREE THAT**

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I HAVE NO RIGHT TO RECEIVE ANY REFUNDS OR CREDITS OF ANY KIND UNDER ANY CIRCUMSTANCES FOR ANY UNUSED WELLNESS BENEFITS, INCLUDING WITHOUT LIMITATION ANY ACCRUED BUT UNUSED WELLNESS MESSAGES. I am responsible for any payment that is due prior to the Cancellation Effective Date. BY SIGNING BELOW, I FURTHER ACKNOWLEDGE AND AGREE THAT EACH MESSAGE ENVY LOCATION IS AN INDEPENDENTLY OWNED AND OPERATED FRANCHISE AND THAT MY WELLNESS AGREEMENT IS WITH THE HOME FRANCHISED LOCATION IDENTIFIED ABOVE. NEITHER ME SPE FRANCHISING, LLC, MESSAGE ENVY FRANCHISING, LLC NOR ANY OF ITS PAST, PRESENT, OR FUTURE AFFILIATES OR SUBSIDIARIES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, INCORPORATORS, MEMBERS, PARTNERS, OWNERS, AGENTS, MANAGEMENT, CONTROLLING 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 AGREEMENT THAT WILL OCCUR AS A RESULT OF SUBMITTING THIS CANCELLATION REQUEST FORM OF THE SERVICES PROVIDED TO ME UNDER MY WELLNESS AGREEMENT. I FURTHER ACKNOWLEDGE AND AGREE THAT AT NO TIME SHALL I HAVE A RIGHT TO NOR SHALL I ASSERT OR BRING ANY CLAIM, DEMAND, OR LEGAL ACTION AGAINST MEF RELATED TO MY WELLNESS AGREEMENT OR THIS CANCELLATION REQUEST FORM. 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 OF THIS MODIFICATION TO THE WELLNESS AGREEMENT; (ii) ANY CLAIM BASED ON, IN RESPECT OF, OR BE REASON OF THE RELATIONSHIP BETWEEN ME AND YOU; OR (iii) ANY CLAIM BASED UPON ANY ALLEGED UNLAWFUL ACT OR OMISSION BY YOU OR ANY OTHER MESSAGE ENVY FRANCHISE.

Member Signature: _____

Date Requested: _____

CANCELLATION EFFECTIVE DATE (10 days from date received): _____

Accrued But Unused Wellness Benefits Expiration Date (60 Days from Cancellation Effective Date):

Number of Accrued but Unused Wellness Messages Remaining: _____

SECTION 3: TO BE COMPLETED BY FRANCHISED LOCATION

Manager Signature Approving Cancellation: _____

Name of employee who cancelled membership in Meevo: _____

Date Cancellation entered in Meevo: _____

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

