This is a contract to which the Business Practices and Consumer Protection Act applies. By signing this agreement, I acknowledge that the contracted services are provided by Kimberly Dohaniuk and John R. Cox. I may cancel this contract from the day I entered the contract until 10 days after I have received a copy of this contract. I do need a reason to cancel. If I do not receive the services within 30 days of the date stated in the contract. I may cancel this contract within one year of the contract date. I lose that right if I accept services after the 30 days. There are other grounds for extended cancellation.

If I cancel this contract, Kimberly Dohaniuk/John R. Cox have 7 days to refund my money. To cancel, I must give notice of cancellation in writing. I agree to use all sessions purchased under the following guidelines (initial next to package purchased):

3 Treatment Package:	**2 weeks _____**	**($130 each) = $ 390**
12 Treatment Package:	**1 month _____**	**($120 each) = $1440**
30 Treatment Package:	**3 months _____**	**($110 each) = $3300**

After such time indicated above your sessions are no longer valid.

I acknowledge by my initials above that I must provide 24-hour notice of a change to any booked appointment or I will be charged 50% of the session fee for any and all missed appointments.

By signing this commitment, I represent and warrant that all this information that I have provided to you is correct and complete, that I am able to undertake a treatment program using Microcurrent Technology and that I have fully disclosed in writing any information concerning my health of which I am aware that may affect my ability to enter a training program safely. If I have any questions or concerns regarding my ability to enter this program, I will be solely responsible for ensuring that I have sought appropriate medical advice to undergo Microcurrent treatment and I will advise you in writing of any advice that I have been given.

I agree to follow any instructions provided to me in writing regarding my treatment and to conduct myself in a manner that is respectful of, and poses no danger to the treatment practitioner, others, and or property at all times. If I do not do so, or for any other reason which it deems necessary, Kimberly Dohaniuk and John R. Cox reserve the right to take whatever action they deem necessary to ensure the safety of the treatment practitioner, others and property, including but not limited to ending or excluding me from any session or ending my treatment package entirely.

I acknowledge that I use the services of Kimberly Dohaniuk and John R. Cox at my own risk, and I will not hold Kimberly Dohaniuk and or John R. Cox responsible in the event of any accident, injury, or other consequence of my training with Microcurrent treatment.

If I cancel the commitment for reasons other than those set out in the paragraphs above within 7 days I am entitled to a full refund on all, or any remaining sessions at the price each session was purchased.

I agree and acknowledge that this commitment, and any other forms or documents completed at the same time, constitute the whole agreement between me and Kimberly Dohaniuk and/or John

R. Cox and that there are no other agreements, commitments or understandings between us, except as agreed to in writing and signed by both of us after the date of this commitment.

If any part of this commitment is determined to be invalid or unenforceable, the remainder of the commitment will remain in full force and effect. This commitment does not come into effect until a copy signed by both of us has been received by me. I agree that a copy of this commitment has the same force and effect as the original document.

I acknowledge that I have read this commitment completely. I agree to be bound by my obligations under it.

☐

By my initial provide in the box above, I hereby agree that you can use my written or video testimonial for marketing purposes.

Client Name _____

Client Signature _____ **Date**_____

Kimberly Dohaniuk_____

John R. Cox _____

Date:	Treatment:	Results:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date:	Treatment:	Results: