

SERVICES CONTRACT



WellnessWorksNW.com

THE CONTRACT

The wellness of a company's employees is vital to the growth and maintenance of the company. Businesses that encourage the health and well-being of their workers, increase worker productivity by helping their employees be ready, willing and able more days out of the year, by supplying the support they need. **Wellness Works NW** would like to thank you for giving us the opportunity to work with you and your employees to help each of you to create your personal path toward wellness. On the _____ day of _____, 20_____, **Wellness Works NW** is excited to enter into a contractual agreement with _____, to be referred to as **The Wellness Partner**, for the purpose of this contract, in order to encourage wellness in the present and future of your company and your employees.

THE SERVICES

PERSONAL TRAINING

- Personal Training with Karen G Clemenson of **Wellness Works NW**; 1 hr free with each employee included in contract terms.
- The Wellness Partner** will pay individual personal training hours with Karen G Clemenson in the amount of \$50 per hour, to be individually invoiced weekly.
- The Wellness Partner** will pay for group training sessions with Karen G Clemenson in the amount of \$10 per employee present, to be individually invoiced weekly. These group training sessions will take place at:
_____ every _____.
- _____

FITNESS ASSESSMENTS

- Fitness Assessments** will be completed by **Wellness Works NW** for individual employees, using the Micro-Fit Assessment System. Fitness

SERVICES CONTRACT

Assessments include measurements of Blood Pressure, Resting Heart Rate, Weight, Height, Flexibility, Aerobic Testing, Bicep Strength and BMI Assessment augmenting caliper skin-fold for accuracy.

- Stress Management Assessments** will be completed by **Wellness Works NW** for individual employees, using personal interviews in addition to the Micro- Fit Assessment System. Stress Management Assessments measure Individual Exercise, Nutrition, Safety, Alcohol/Tobacco/Drug Use, Weight Management, and Stress Management Tools.

WEIGHT MANAGEMENT SERVICES

- Weight Management Services** will be provided for the employees of **The Wellness Partner** by **Wellness Works NW** in order to encourage disease and bone loss prevention, teach healthier eating habits, increase quality of life and self-esteem, and encourage individual employees to work toward healthy cholesterol and sugar levels, and BMI. These services include, as needed:

- Personalized menus
- Counseling (30 minutes, every 2 weeks)
- Correspondence via text and email as needed
- Other: _____

- _____
- _____
- _____

GYM MEMBERSHIP

- Gym membership at **Forever Fit Gym**, located at 1211 18th Ave, Longview, WA. Membership includes use of facility and appropriate consultations for _____ months in the amount of \$_____ per employee. For more information call **Greg Price at 360-425-5611**.

- _____

SERVICES CONTRACT

RESPONSIBILITIES OF ALL PARTIES

WELLNESS WORKS NW

- **Wellness Works NW** is responsible to fulfill all Services agreed to in this contract.
- **Wellness Works NW** will complete Fitness Assessments at:
 - Wellness Works NW** located at 1211 18th Ave, Longview, WA
 - _____
- **Wellness Works NW** will complete Stress Management Assessments at:
 - Wellness Works NW** located at 1211 18th Ave, Longview, WA
 - _____
- **Wellness Works NW** will complete Weight Management Services at:
 - Wellness Works NW** located at 1211 18th Ave, Longview, WA
 - _____
- **Wellness Works NW** will complete Personal Training Services at:
 - Wellness Works NW** located at 1211 18th Ave, Longview, WA
 - _____
- **Wellness Works NW** will communicate as needed with **The Wellness Partner**, including individual employees as appropriate.
- **Wellness Works NW** will provide appropriate evaluations of employees to **The Wellness Partner** every: _____
- Any concerns that arise during the contract beginning and end date will be considered promptly and used to make any necessary changes in future contracts.
- _____
- _____

SERVICES CONTRACT

THE WELLNESS PARTNER

- **The Wellness Partner** will provide financial compensation as negotiated in this contract.
- For services that are individually provided, in addition to the original services included in contract, it is understood that invoices will be paid within 30 days of receipt of invoices in the payment method listed in this contract or they will be subject to late fees as listed in Money section of this contract.
- Additional services will not be offered during the terms of this contract unless they are checked in the Services section at the time of contract negotiation.
- **The Wellness Partner** will be required to give access to all employees covered by the terms of this contract so that services may be rendered by **Wellness Works NW**.
- During the terms of the contract **The Wellness Partner** will keep communication open to allow issues and concerns to be considered promptly.
- _____

- _____

CONTRACT DATES

Date contract goes into effect: _____

Date contract is no longer enforceable: _____

Date Wellness Works NW will begin services: _____

Contracts will be re-evaluated and reconsidered every _____ months. At the end of these dates, **The Wellness Partner** will confirm terms of future contracts and whether we will continue working together in the same capacity. Unless **The Wellness Partner** has submitted documentation that they would like to create a contract that is longer than a 6 month period, **Wellness Works NW** is comfortable with upholding short-term contracts that will not need to be renegotiated or ended before the end date of the contract.

SERVICES CONTRACT

FINANCIAL INFORMATION

Number of employees included in contract: _____

Are spouses and children of employees included in this contract?

- Yes. Spouses and children will be covered for an additional \$50 per family.
- No

Amount due per contract: \$_____

Does **The Wellness Partner** require an invoice in addition to this contract?

- Yes. Please send invoice to: _____
Invoices can be mailed or emailed to the preference of **The Wellness Partner**.
- No

Invoice will be:

- Paid in full on the _____ day of _____, 20_____.
- Paid in payments of \$_____ due on _____,
_____, and _____.
- For individual invoices that are submitted by **Wellness Works NW** to **The Wellness Partner**, it is understood that payment is due within 30 days of date of invoice in the manner of payment listed below.

The Wellness Partner will pay the invoice with:

- Check (*Checks will be made out to Clemenson Enterprises, LLC, our parent company*)
- Cash
- Debit/Credit

SERVICES CONTRACT

Late Fees

A late fee of 10% due on outstanding invoice(s) will be billed to **The Wellness Partner** for late payments. If services have already begun being provided, they will be paused until payments are brought to good standing. If services have not been rendered, they will not begin to be provided until invoice is paid.

Wellness Works NW does not refund monies for services rendered. All payments are final.

LEGALITIES

It is understood that participation and/or involvement in physical activities there is potential certain risks, some of which may not be reasonably foreseeable. **Wellness Works NW** will make sure to provide all safety measures available in order to protect the safety of all employees of **The Wellness Partner**. Participation in services offered by **Wellness Works NW** is voluntary and each employee will be asked to sign a Release and Hold Harmless Agreement before services are provided.

PRIVACY AND DISCLOSURE

- Assessment information will be emailed to individual employees by Wellness Works NW.** At the request of the individual employee, these assessments can also be sent to appropriate medical professionals.
- Basic information will be shared with The Wellness Partner for proof of service and benefit of the services provided by Wellness Works NW.** This information will include employee names, BMI and appropriate counsel; but will never include information not consented to by individual employees in order to honor the privacy of each person.
- Other: _____

SERVICES CONTRACT

PARTIES TO THE CONTRACT

Clemenson Enterprises, LLC

DBA Wellness Works NW

Karen G Clemenson, Owner / Wellness Facilitator

1211 18th Ave, Longview, WA 98632

or PO Box 416, Kelso, WA 98626

Signature

Date

The Wellness Partner

Company Name: _____

Contact Name / Title _____

Email: _____

Address: _____

Phone: _____

Signature

Date

The Wellness Partner (Alternate)

Company Name: _____

Contact Name / Title _____

Email: _____

Address: _____

Phone: _____

Signature

Date