

Wellness Services Contract Summary

Date: [Insert Date]

Client Name: [Insert Client Name]

Address: [Insert Client Address]

Overview of Services

- Service 1: [Description]
- Service 2: [Description]
- Service 3: [Description]

Contract Duration

This contract will commence on [Start Date] and will conclude on [End Date].

Payment Terms

Total Fee: \$[Amount]

Payment Due Date: [Insert Due Date]

Cancellation Policy

[Insert cancellation policy details]

Contact Information

If you have any questions, please contact:

[Your Name]

[Your Position]

[Your Contact Information]

Acceptance

By signing below, both parties agree to the terms outlined in this contract summary.

Client Signature: [Insert Signature]

Provider Signature: [Insert Signature]