

The Sleptime OT

York, PA

717-485-8374

tkond423@gmail.com

www.youredtc.com

Customer Contract

This contract is executed on the _____ of _____ between _____ and The Sleptime OT.

It is agreed that The Sleptime OT will provide the following services:

___ Sleep Package: An initial one-hour consultation, comprehensive sleep plan, 3 follow-up calls (15 minutes each), and 2 weeks of emails

or

___ 45 minute on sleep solutions or developmental questions

Terms and Conditions:

Fee for Service: The estimated fee for executing the above-mentioned services is \$497 for the Sleep Package or \$125 for the 45-minute consultation.

Payment: Payment may be made by credit card, Venmo or Cash App. Payment is due upon signature of this contract. Once payment is received, we will confirm your scheduled consultation.

Conditions:

- The Sleptime OT understands that my role will be that of a professional sleep consultant.
- During our consultation, The Sleptime OT will provide an overview of sleep basics and share any research relevant to your specific situation that might shed some light on what is happening.
- Results are entirely dependent on the commitment from the caregivers to follow consistently the plan outlined by The Sleptime OT. I cannot guarantee results, as many things impact sleep, including but not limited to illness, teething, sleep environment, visitors, traveling, inconsistent reinforcement, and growth spurts. But clients typically experience improvement within two weeks.

Term/Termination: This agreement will terminate two weeks after the date of your consultation.

Changes/Cancellation: Any changes made to this contract must be made in writing and signed by all parties. You may cancel this agreement, in writing, for any reason. If any services are canceled after payment has been made, refunds are limited to unearned fees, less a \$75 processing fee. If you cancel fewer than 5 days before your scheduled consultation – except for the death of a member of your immediate family – there will be no refund. If you need to reschedule, you must give notice of at least 24 hours in advance. Every effort will be made to accommodate your request.

Liability: In an act of God, such as a fire, flood, earthquake, or other natural calamity shall cause you to cancel my service, The Sleptime OT will require payment only for the time actually spent sleep consulting.

Disclaimer, Acknowledgement, and Waiver of Liability

By entering into this agreement, you understand that you and your family’s use of the services, programs, and classes offered by The Sleptime OT are voluntary, and that injuries, accidents, or other complications may result from participation. You acknowledge and agree that it is your responsibility to follow instructions for any service provide or purchase you make, and to seek help from The Sleptime OT if you have any questions.

The Sleptime OT expressly disclaims any and all warranties, whether statutory, express, or implied. You knowingly and voluntarily agree, on behalf of yourself, your successors and your assigns, to waive and release The Sleptime OT, its employees and representatives from any and all claims of liability, loss, damage, injury, or other demands for compensation that you may acquire during your time working with The Sleptime OT.

The parties acknowledge and agree that the services that The Sleptime OT provide are not intended to replace or supplement the medical advice that you receive before, during, and after pregnancy, although our employees and representatives may have degrees and experience in the medical field. You agree that none of the advice that The Sleptime OT provides shall be considered medial advice nor should it be relied upon you as medical advice. You understand that you should always seek the advice of your medical practitioner and should consult with your personal physician or other health-care professional if you have any healthcare related questions or concerns generally, before embarking on a new sleep program, or if you are concerned about any risks to your baby’s health or well-being that may result from your participation in The Sleptime OT service. If a medical program appears or persists, do not disregard or delay seeking medical advice from your personal physician or other qualified healthcare provider.

If you agree to these terms and conditions, please sign one copy of this contract and return it to The Sleptime OT, along with your payment.

Sincerely,
Tracey, The Sleptime OT

Client’s Name: _____

Signature: _____ Date: _____

The Sleptime OT Signature: _____ Date: _____