

AGREEMENT

Between: Explore – Addiction Recovery Intensive, ARI (“Provider”) and
_____ (“Client”)

Services provided: Coaching, Education and Therapy on recovery modalities, daily, Monday through Friday 8:00am until 12 pm. The services may include other tasks and schedules which the parties may agree on.

Compensation and Fees: Client will pay Provider \$700 per week. Payment is always in advance. This fee does not include any medical visits, drug screens, any recommended testing or individual counseling.

Both Provider and Client agree that participation in ARI is completely voluntary and “at will” for both parties. There will be no refund for early withdrawal or missed time. Any “make up” time will be considered on an individual basis and is at the sole and absolute discretion of Provider (ARI).

Any amendment or modification of this Agreement or additional obligation assumed by either party about this Agreement will only be binding if evidenced in writing and signed by each party.

Insurance is not accepted and no documentation will be provided for insurance reimbursement.

It is agreed that there is no representation, warranty, collateral agreement or condition affecting this Agreement except as expressly provided in this Agreement.

Signed:

_____ Client

_____ Provider (ARI)