

**Knot Springs**  
**General Membership Freeze Request**

I, \_\_\_\_\_, am formally requesting to freeze my membership to Knot Springs, effective for \_\_\_\_\_ month(s). I fully understand that by submitting this request, my access to Knot Springs will be suspended upon confirmation of this freeze, and a freeze fee of \$50 per month, for a total cost of \_\_\_\_\_, and will be charged to my account, paid in full, along with any outstanding account balances.

**Medical Freeze**

As a result of my current medical condition, I am requesting to freeze my Knot Springs membership for a maximum duration of 6 months. I have presented the proper documentation provided my healthcare provider [See attached]. I understand that if a longer freeze is desired after the initial 6 months, I must provide an additional note from my healthcare provider in order to request an extended medical freeze. I also understand that Knot Springs has the right to evaluate my membership if my freeze medical freeze is longer than 6 months.

Regardless of the reason for the membership freeze, I acknowledge that I will also forfeit all existing membership perks (including founding membership perks and gifted guest passes if applicable) during this freeze time frame.

I understand that a freeze is only possible one time during the current contract terms/length, and will not be able to freeze again until after \_\_\_\_\_, if my membership is still current.

I understand that if I wish to come back early before my freeze is up, I will be required to pay the remaining membership due for that month (monthly rate minus freeze fee), regardless of when in the month I decided to come back.

I understand that by suspending my existing contract, my contract will extend for a period of \_\_\_\_\_ months, added to the end of my current contract terms.