



### **Affiliation Agreement - Movement HQ**

Hi Mark and Tori,

We are pleased to offer the following to the members of Movement HQ.

Rigs Brookvale would love to affiliate with Movement HQ as per the following terms and conditions:

1. \$25 casual Contrast Water Therapy
2. \$35 casual Contrast Water Therapy and Compression Therapy
3. \$50/week membership including unlimited Contrast Water Therapy and Compression Therapy as well as access to the pool for free swimming between 8 am - 12 pm and 1 pm - 3 pm weekdays.
4. Social post acknowledging the affiliation and your logo listed on our website as an affiliate

In return, we ask that Movement HQ members promote the Aqua Culture Swim and Rigs Brookvale services by way of 10 x social media posts and 2 x eDM to its members annually, (once per month) and any other times you see fit. Rigs Brookvale will provide the content for the eDM and social posts.

We are happy to discuss collaborations with you regarding breathwork and any other programs that may align with our joint visions.

To accept this offer of agreement and subsequent terms and conditions, please sign and return this letter of offer to [derrick@rigsbrookvale.com.au](mailto:derrick@rigsbrookvale.com.au) within 7 days from the date of this letter.

Should you have questions about the terms and conditions stated in this offer please contact us.

We thank you for your support and look forward to providing an exceptional swimming session and recovery service for your members!

Kind regards

Mitchell Falvey

Derrick Murray

General Manager

Centre Manager


Rigs Brookvale & Aqua Culture Swim  
0415 635 610  
[management@rigsbrookvale.com.au](mailto:management@rigsbrookvale.com.au)

Rigs Brookvale & Aqua Culture Swim  
(02) 9438 6500  
[derrick@rigsbrookvale.com.au](mailto:derrick@rigsbrookvale.com.au)

Signed for and on behalf of: Mitchell Falvey

Business Name: Rigs Brookvale Pty Ltd

ABN: 22 657 147 227

Signature:  \_\_\_\_\_

Day/Month/Year: 20/8/2024

Signed for and on behalf of: \_\_\_\_\_

Business Name:

Signature: \_\_\_\_\_

Day/Month/Year: \_\_\_\_\_