

**Healthy Roster Customer Agreement**  
**For**  
**Alton High School**



July 22, 2019

Chris Kusnerick  
Alton High School  
4200 Humbert rd.  
Alton, IL 62002

Dear Chris,

The services described are designed to meet the needs of Alton High School (“Partner”) as ascertained through prior conversations and exchanges and are reduced to writing as follows:

Partner provides athletic training services for schools, youth leagues, collegiate and professional organizations.

Healthy Roster (“Company”) has created and maintains a mobile application and website that includes injury communication and tracking platform for use by healthcare organizations, schools, youth leagues, collegiate and other professional organizations.

### **Health Technology Package**

Healthy Roster, “**Company**”, shall provide **Partner** with the following services:

- Healthy Roster app & website for use by Partner’s providers, coaches, admins, and parents
- Healthy Roster Electronic Medical Record for use by Partner’s providers
- Technical and customer support for all users of the Healthy Roster app and website
- Marketing engagement support for Partner schools, youth leagues, collegiate & professional organizations

### **Company Information**

**Services provided by:** Healthy Roster, Inc.

**Contact:** Clark Cristofoli / Account Executive / [clark@healthyroster.com](mailto:clark@healthyroster.com) / 614-702-8368

Annual Term Technology Package Details	Price
<b><u>1</u> Provider Users, Baseline Package Access during the Term at: \$49 per user per month – paid upfront</b>  <input type="checkbox"/> Access for Each Additional Provider User: \$49 per user per month – paid upfront	<div data-bbox="1258 359 1365 394">\$588/yr</div> <div data-bbox="1179 619 1446 655"><b>Annual Total: \$588</b></div>

Tax Exemption – if applicable	
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Initial here if organization is a qualified tax-exempt entity and please attach your IRS determination letter.

### **Standard Term**

Twelve (12) month term from start date of August 1, 2019.

### **Billing Schedule**

All invoices payable no later than 30 days after invoiced.

### **Renewal**

This agreement shall be automatically renewed at the expiration of the standard term, and on August 1, of every year there-after, unless either Company or Partner gives notice to the other of its desire to end the agreement 30 days prior to the expiration date.

### **Acceptance**

If this letter correctly expresses your understanding and acceptance of the terms and conditions of this engagement, please indicate your understanding with signature below.

Partner: **Alton High School**

Company: **Healthy Roster**

**NAME:**\_\_\_\_\_

**NAME:**\_\_\_\_\_

**SIGNATURE:**\_\_\_\_\_

**SIGNATURE:**\_\_\_\_\_

**TITLE:**\_\_\_\_\_

**TITLE:**\_\_\_\_\_

**DATE:**\_\_\_\_\_

**DATE:**\_\_\_\_\_