PIERCE HALL COMMUNITY FITNESS CENTER
PO Box 86 · 38 Main Street
Rochester, VT 05767 · 802-767-5021
piercehallcommunitycenter@gmail.com

Key FOB # _____ Daily Contract # _____
Last _____ First _____
Start Date_____ Exp Date_____
Paid by ___Cash or Check #_____
Computer Input: Excel _____ Alarm Lock _____

10-DAY DAILY CONTRACT AGREEMENT

(Must be at least 18 years of age)
Name: _____DOB _____ Date _____

Address:_____ Town _____ State ___Zip_____

Primary Phone: _____ Alt Phone:_____ Email:_____

I ___ DO ____ DO NOT require gym equipment training

EMERGENCY & MEDICAL INFORMATION (Optional)
Emergency Contact _____ Phone # _____
Please list any special needs or concerns you'd like us to know:
_____

10-Day Daily Contract Rate is $45
(Includes use of gym and studio)
(Expires in 2 years)

Waiver of Liability
I hereby release Pierce Hall Community Center Inc, their board of directors, agents, heirs, and assigns from any and all claims from injury or damage that may be sustained by me from use of the premises or equipment of PHCFC. Further, I hereby represent that I am in good health and capable of participating in a fitness program and that I will do nothing that will cause injury to myself or others while engaging in such programs at the PHCFC. Further, I hereby release PHCC from any and all loss of or damage to personal electronic devices, equipment, clothing, or other personal belongings.
The undersigned hereby indicates their desire to become a daily member of the Pierce Hall Community Fitness Center, pursuant to the terms and conditions of this membership agreement. This daily membership is NON-TRANSFERABLE and **expires in 2 years**.

Daily Contract Signature _____ Date _____
PHCFC Representative _____ Date _____

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10-DAY DAILY USAGE LOG
Please fill in the date each time you use the Fitness Center

(At the end of 10 uses if you wish to continue you will need to purchase a new 10-day Daily Contract)