



PIERCE HALL COMMUNITY FITNESS CENTER

PO Box 86 • 38 Main Street
Rochester, VT 05767 • 802-767-5021
piercehallcommunitycenter@gmail.com

MEMBERSHIP AGREEMENT

Key FOB # _____ Membership # _____
Last _____ First _____
Membership Type _____
Start Date _____ Exp Date _____
Paid by ___ Cash ___ Check # _____ Credit Card
Computer Input: Excel _____ Alarm Lock _____

Member Name: _____ Date of Birth: _____

Address: _____ Town _____ State _____ Zip _____

Primary Phone: _____ Alt Phone: _____ Email: _____

I/We ___ 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:

MEMBERSHIPS/RATES/FEES for Oct. 1, 2025 to Sept 30, 2026

	Gym and Studio Membership			Amount
	1 Month	3 Months (10% disc.)	12 Months (20% disc.)	
Adult	\$35	\$95	\$336	
*Family (3 or more)	\$75	\$203	\$720	
Senior & Young Adult	\$25	\$68	\$240	
Daily	\$5	(for Adult 18 and older)		
			Other Fees _____	
			Total Amount	

ADULT 22 to 61 years
FAMILY of 3 or more including partner and dependents (*14 to 21 years)
SENIOR 62+ years
YOUNG ADULT *14 to 21 years
(*Ages 14 to 17 must be accompanied by adult)

(Cash, Check or Credit Card)

*Family Membership Names (2 or more listed here) or Minor with Single Parent/Guardian	Date of Birth (age *14 or older)	Key FOB # (if applicable)	Signature if 18 or older (*Ages 14 to 17 must be accompanied by adult)

Waiver of Liability

I/we 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/us from use of the premises or equipment of PHCFC. Further, I/we hereby represent that we are in good health and capable of participating in a fitness program and that I/we will do nothing that will cause injury to myself/ourselves or others while engaging in such programs at the PHCFC. Further, I/we 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 member of the Pierce Hall Community Fitness Center, pursuant to the terms and conditions of this membership agreement. This membership is NON-TRANSFERABLE.

Member/Parent/Guardian _____ Date _____

Also for Parent/Guardian to sign for minor if age 14 to 17

PHCFC Representative _____ Date _____