

COFFEE STREET FITNESS

Guest Use Contract

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PIN # \_\_\_\_\_

Guest Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Individual 1-day ----- \$ 7

\_\_\_\_\_ Individual 2-days-----\$10

\_\_\_\_\_ Individual 1-week----- \$15

Please choose the number of days you would like to use the Fitness Center. Pay the amount indicated by placing the Guest Contract form (completed and signed on the front and back side) along with the cash in the drop box below. You will be contacted within 24 to 48 hours with an access code. If you wish to use the facility today or have any questions, please contact Sandy Tammel at 507-272-3731 and she will answer any question or assist you with entry today.

\_\_\_\_\_

As a GUEST of Coffee Street Fitness I agree to pay the total guest use fee recorded on this form. I have read and understand the fitness center rules posted at the center. I understand that the success and continuance of Coffee Street Fitness is dependent upon my honest, respectful and considerate use of the facilities as a guest.

**I HAVE READ AND SIGNED THE WAIVER AND RELEASE FORM (ON THE BACK OF THIS FORM) AND I WILL REVIEW THE RULES AND REGULATIONS POSTED BEFORE USING COFFEE STREET FITNESS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

➤ PLEASE REVIEW AND SIGN WAIVER AND RELEASE ON BACK OF PAGE. THANK YOU! >>>

