

**Augusta Health Lifetime Fitness
107 Medical Center Circle
Fishersville, Virginia 22939**

Locker Rental Agreement

Locker Number

Combination

First Name

MI

Last Name

Date of Birth

Social Security

Home Address

City

State

ZIP

Home Phone

Work Phone

Gender

Start Date: _____

Renewal Date: _____

Amount Paid: \$ _____

Paid by: Cash Check Credit Card
 Debit Card

- 1. Payment must be paid in full by beginning date specified above.**
- 2. Augusta Health Lifetime Center is not responsible for lost or stolen items.**
- 3. As a renter, you are responsible for all damages.**
- 4. If your payment is 60 days late, your locker will be cleaned out - Items not claimed within seven days will be donated to charity.**
- 5. The locker rental will coincide with your membership contract. Locker rentals will renew automatically unless terminated. The Lifetime Center needs a 30-day notice in writing to cancel locker rental agreement.**

I Certify that I have read, understand and agree to the terms and conditions concerning my Locker Rental Agreement with Augusta Health Lifetime Fitness which are specified in the contract.

I agree to follow the rules and regulations governing the use of the locker rentals, which I understand may be changed by the center from time to time.

Applicant Signature: _____ Date: _____

Accepted by: _____ Date: _____