

Vessell's Fitness: Parking Lot Lease



PROVIDER:

Vessell's Fitness Complex - 1910 N Elm St.- Rolla MO 65401

LEASER:

Name: _____

Rolla Address: _____

Phone Number: _____ Parent Phone Number: _____

E-mail Address : _____

Make/Model of Vehicle: _____

Color of Vehicle: _____

License Plate: state _____ number: _____

Payment is **\$300.00 for 2 consecutive semesters.**

Payment of cash, check or credit cards are accepted and is non-refundable. A parking decal will be provided and should be displayed on the back window. If during the year, you want to sell the parking spot, we will attempt to make accommodations, if we have someone is on our waiting list. There will be a **\$50.00 dollar handling fee** for transfers. There is no guarantee that a re-sale is possible.

FILLED IN BY OFFICE

Parking Space # _____

Parking provided from 8/01/23 - 5/31/24

LIABILITY WAIVER:

I understand and am aware that Vessell's Fitness Complex is not responsible for any damage or theft that may occur to my property while on our lot. It is my responsibility to carry appropriate automobile insurance for liability and comprehensive protection and I accept responsibility for any damage my vehicle may cause to the parking lot. Vehicle maintenance (oil changes, etc) is not allowed on the lot;

(Signature of Leaser)

(Date)