

Vandalia Senior Center Membership Application

Make checks payable to: City of Vandalia. We accept Visa, MasterCard, Discover and American Express.

Birthdate:/	Please print & fill out completely.			
Birthdate:	Last Name	First	MI	
Birthdate:	Birthdate://			
Street Address City State Zip	Last Name	First	MI	
City	Birthdate:///			
Home Phone (Street Address			
Email Address	City	State Z	Zip	
Newsletter Distribution? Email Mail Pick up at Center Emergency Contact Name: Relationship: Emergency Phone: Relationship: Emergency Phone: Relationship: WAIVER FOR PARTICIPATION In consideration of my application and permitting me to participate in event/services through the Vandalia Parks and Recreation Senior Center, I, on behalf of myself, executors, administrators, heirs and/or assigns, hereby fully and freely waive and release and forever discharge the City of Vandalia, and its elected officials, employees, agents and volunteers from any and all claims for property damage, injuries, or death suffered by me while participating in, or arising from any program or service, or using any equipment provided by, the Vandalia Parks and Recreation Department. I understand and acknowledge that I may be involved in physical activity, including strenuous or potentially strenuous activities and will participate at my own risk. I agree to only use equipment as directed and am responsible for checking all equipment before use. I understand that I should contact a licensed physician prior to engaging in any programs/service through the Vandalia Parks and Recreation Department. I hereby agree to accept any a all risk of person injuries, illness, and death or property damage, and verify this by placing my signature below. In addition, I agree to allow my photograph, video or film likeness, with or without my name, to be used for any legitimate purpose by the City of Vandalia, and/or its assigns, and I waive my right, title and interest or other benefits derived from such photograph or recordings. I hereby certify that have read this document and fully understand its contents. I am aware this is a release of liability and a legal contract.				
Emergency Phone:	Email Address			
Emergency Phone:	Newsletter Distribution? Ema	il Mail Pick	up at Center	
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Office Use ONLY

Renewal Year	Date Paid	Payment Method	Comments