

## **VANDALIA RECREATION CENTER**

Membership Application

PLEASE PRINT	New Pass	Renewal	· [	EFT month	ly pay <mark>3 M</mark>	onth	
					1 1		
LAST Name	FIRST Name				Today's Date	<del>)</del>	
				OHIO			
Street Address		City		State	Zip	Code	
						1 1	
Cell Phone		Other Phone			Date o	f Birth	
Email:							
Emergency Contact:			relationship:				
Emergency conta	act phone: ( )						
Classification/Ty	222	Туре	of Mem	bership(s)	please circle)		
Resident		_ Fam	ily	Adult	Dual		
Parc	cel ID – VRC staff complete	)					
Nonresident		Yout	:h	Senio	r (Age 62+)		
Business**see	back of page	Unlimited Ch				ted Drop in Fitness	
Military (discou	Military (discount)		(separate fee)		(separate fee)		
Corporate Mer	nber (discount) Compa	any Name:					
•							
Family members	to be on Membership			to of Dinth	Orada	Condon	
	NAME	AGE	Da I	te of Birth	Grade	Gender M F	
			,				
			/			MF	
			/			M F	
			/	1		MF	
			,	,		МЕ	

Please note: children ages 14-17 must have a parent signed waiver for the fitness area.

M F

Your signature required on back of page



## **VANDALIA RECREATION CENTER**

## Membership Application

<u>Waiver and Release:</u> In consideration of the City of Vandalia granting me the permission to engage in the recreational activities with the Vandalia Recreation Department, the undersigned does hereby waive, release, save and hold harmless and indemnify the City of Vandalia, its employees, agents and independent contractors for any and all claims for damage or personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Vandalia, its employees, agents and independent contractors. The undersigned further assumes the risk of all dangerous conditions in and about the City of Vandalia Recreation Department property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. Furthermore, the release bars claims by the undersigned's children, heirs, assigns, executors and administrators.

Signature of Member (18 years of	or older) Date	
**Business Name_ (Business must be within city limits to qua	alify for business rate)	
Address	City	Zip
Would you like a tour of our center	r? VES NO	

Would you like a tour of our center? YES NC