



VANDALIA RECREATION CENTER

Prepaid Visits Application

Type of card:

Vandalia Resident

Non-Resident

Daily Facility

Track

Childcare

Group Fitness

Senior Strength

Last Name

First Name

Birthdate

Street Address

City

State

Zip Code

() _____
Home Phone

() _____
Work Phone

Email address: _____

Punch Card Applicants:

	Name	Date of Birth	Grade	Sex M/F
1				
2				
3				
4				

Emergency Contact Name

Relation to Primary Household

Street Address

City

State

Zip Code

() _____
Phone Number

Waiver and Release: *In consideration of the City of Vandalia granting me permission to engage in the recreational activities with the Vandalia Parks & 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 risks of all conditions in and about the Vandalia Parks & Recreation Department property both real and personal and waive any and all specific notice of the existence of such conditions, if any. Furthermore, the release bars claims by the undersigned's children, heirs, assigns, executors and administrators.*

Signature of Applicant (18 years and older)

Date