

**VANDALIA RECREATION CENTER  
MEMBERSHIP FORM**

PLEASE PRINT

**Renewal**

**New Pass**

**3 Month**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**LAST Name**                      **FIRST Name**                      **Today's Date**

\_\_\_\_\_  
**Street Address**                      **City**                      **OHIO**                      **State**                      **Zip Code**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Home Phone**                      **Work Phone**                      **Date of Birth**

Email: \_\_\_\_\_

**Classification/Type (Circle One)**      Resident                      **\*\*Business**                      Non Resident  
(Military discount available with verification)      **Military**                      (must be located in City of Vandalia limits)

**Type of Membership (Circle One)**      Family      Dual      Adult      Youth      Senior (age 62+)

Member(s) of Household on Membership:

NAME	AGE	Date of Birth	Grade	Gender
		/ /		M F
		/ /		M F
		/ /		M F
		/ /		M F
		/ /		M F
		/ /		M F

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

**Waiver and Release:** *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 or older)**                      **Date**

**\*\*Business Name** \_\_\_\_\_  
(Business must be within city limits to qualify for business rate)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_