VANDALIA RECREATION CENTER

Prepaid Visits Application

Vandalia
Parks and Recreation

Type of card:

☐ Vandalia Resident
☐ Non Resident

☐ Daily Facility
☐ Track

☐ Drop in 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