



VANDALIA PARKS & RECREATION DEPARTMENT
SENIOR CITIZENS CENTER

MEMBER REGISTRATION FORM

Please print & fill out completely

1.) Last Name _____ First _____ MI _____
 Birthdate: _____

2.) Last Name _____ First _____ MI _____
 Birthdate: _____

Address _____

City _____ State Ohio Zip _____

Home Phone _____ Cell Phone _____
 (____) _____ (____) _____

Email Address _____

Emergency Contact _____ Relationship _____

Emergency Phone _____

Newsletter Distribution? Email _____ or Postal _____ or Pick up at Center _____

WAIVER FOR PARTICIPATION

In consideration of my application and permitting me to participate in event/services through the Vandalia Parks and Recreation Senior Citizens 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 and 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 I have read this document and fully understand its contents. I am aware this is a release of liability and a legal contract.

Patron Signature _____

OFFICE USE ONLY:

Registration Date: _____ Paid: Cash _____ Check # _____ Initials: _____

Renewal Year(s): _____

Please indicate: Resident _____ Non-Resident _____ Single _____ Dual _____