



Vandalia Senior Center Membership Application

Make checks payable to: City of Vandalia. We accept Visa, MasterCard, Discover and American Express.

Please print & fill out completely.

Last Name _____ First _____ MI _____

Birthdate: ____/____/____

Last Name _____ First _____ MI _____

Birthdate: ____/____/____

Street Address _____

City _____ State _____ Zip _____

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

Email Address _____

Newsletter Distribution? Email _____ Mail _____ Pick up at Center _____

Emergency Contact Name: _____

Emergency Phone: _____ Relationship: _____

Emergency Phone: _____ Relationship: _____

WAIVER FOR PARTICIPATION

In consideration of my application and permitting me to participate in event/services through the Vandalia Parks and Recreation Senior 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.

Your Signature _____

Office Use ONLY

Member Name(s): _____

Renewal Year	Date Paid	Payment Method	Comments