

GAULT

RECREATION CENTER

330-345-4700

MEMBERSHIP APPLICATION

Member Information:

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email: _____

Membership Type:

Public Non-Public

Family Adult Senior Student

Member Name:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Date of Birth:

- _____
- _____
- _____
- _____
- _____
- _____

I, the named adult participant, the parent/legal guardian of the named child on this form, do hereby assume all risks and hazards incidental to my or my child's use of equipment and facilities of the Wooster City School District, and I do hereby agree to waive, release, and hold harmless the Wooster City School District, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages, losses or injuries of any kind, resulting from my or my child's use of equipment and facilities of the Wooster City School District. This release includes a release for any and all losses or injuries arising out of any act of omission or negligence, either active or passive of the Wooster City School District, its employees, officers, agents, volunteers, and elected officials. This release is given and signed of my own free act and will.

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____