

EDISON RECREATION ADULT WEIGHT-TRAINING APPLICATION

PLEASE PRINT

NAME _____ M ___ F

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH _____ E-MAIL ADDRESS _____

PHONE (H) _____ (W) _____ X _____ (C) _____

*Resident	1 Month \$10.00 _____	6 Month \$ 50.00 _____	1 Year \$100.00 _____
Non-Resident	1 Month \$30.00 _____	6 Month \$150.00 _____	1 Year \$300.00 _____

Members are subject to Center Rules & Regulations.

I hereby give permission for myself/my child to participate in this activity and assume the risk thereof and I do agree for myself/my child at all times to keep the said Recreation Department, Personnel and the Township of Edison free, harmless and indemnified from any and all liability for any injury I/my child might sustain as the result of said participation. Photographs, videotapes and audio recordings of the participant, while participating in an Edison Recreation Department Program may be made. I hereby permit, consent and authorize such materials of myself/my son/daughter as an individual or part of a group with or without text, to be used for Edison Township Recreation Activities. It is further understood and agreed that Edison Township does not provide any insurance coverage for the participant or organization.

Signature _____ Date _____

*RESIDENT SR. CITIZEN 65 YEARS AND OLDER – NO CHARGE – MUST SHOW TOWNSHIP SR. CITIZEN CARD
/S/ADULTWEIGHTAPP/DCH/4-1-11

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