



CITY OF INDEPENDENCE
CIVIC CENTER
RECREATION DEPARTMENT

- Family
Outdoor Pool
Individual
Senior
Outdoor Pool
Senior

LAST NAME
ADDRESS
HOME PHONE NO.
EMERGENCY PHONE NO.
CELL PHONE NO.

IMMEDIATE FAMILY ONLY

Table with 2 columns: FIRST NAME, DATE OF BIRTH. Rows 1-8.

CITY RESIDENCY VERIFICATION

Under penalties for falsification (O.R.C. § 2913.13) and Theft of Services (O.R.C. § 2913.02) each carrying a possible fine of up to \$1,000, I declare that the information contained in this document, including but not limited to, my residential home address above, is true, correct and complete and that I have resided at the home address above for ___ months/years. I understand and acknowledge that my membership at the Civic Center is reliant upon my residency within the City of Independence. Furthermore, I understand and acknowledge that should my residency status within the City of Independence cease, for any reason, my membership to the Civic Center shall immediately terminate without notice and a refund will not be issued by the City of Independence.

Agreed and acknowledged this day ___ month of ___ 20___

Signature _____

General Waiver: It is assumed that participants and users of the Independence Civic Center understand the inherent risks and hazards of recreational activities, equipment, and recreation services. As a result, all individuals take full responsibility for their use of the civic center, its equipment, services, and activities, as well as their actions and own physical condition.

The City of Independence, its employees, agents and officials are not responsible for any liability, loss, cost, claim or expense which may result from a person's participation in or use of services, equipment, or activities held in the Civic Center.

Signature _____