



# Assumption of Risk Form

Adults 18 and Over

## Participant Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Acknowledgement and Assumption of Risks

I hereby affirm that I have received a full description of the facilities and activities available at The Clark Sports Center (the "Center"). I understand the Center maintains facilities for activities such as swimming, diving, water polo, water volleyball, basketball, squash, racquetball, bowling, volleyball, badminton, and indoor soccer; that it maintains ropes courses and climbing walls; and that it offer aerobics and other exercise classes. I also understand that through my subscription in the Center, I may be able to participate in additional activities both inside and outside the Center such as cross-country skiing and canoe trips.

I further affirm that I understand that the activities in which I may engage as a Center Subscriber may be physically strenuous and involve the dangers inherent in participation in such activities. In the event that I participate in canoeing, cross-country or other programs offered by the Center in the field, I understand these activities may take place in remote wilderness areas far from shelter and medical facilities, that I may be exposed to rugged physical conditions in all types of weather and that these activities are also attended with inherent dangers.

I hereby personally assume all risks in connection with the activities in which I will participate at or under the sponsorship of the Center and release the Center, The Clark Foundation and the staff, officers, trustees, agents and instructors of both organizations from any and all claims by me, my family, estate, heirs or assigns except to the extent that any such claim arises from an accident or injury caused by or resulting from the negligence or willful misconduct of the Center, The Clark Foundation or the staff, officers, trustees, agents or instructors of the such organizations.

I accept responsibility to verify with my physician that I have no physical or psychological problems that would prohibit my participation in activities at or under the sponsorship of the Center. I agree to comply with the rules and regulations of the Center and with the instructions and directions of the Center staff members during Center activities or courses.

**I have fully informed myself of the nature of the risks inherent in the activities in which I will participate at or under the sponsorship of the Center, and I have read the foregoing before signing below.**

This form must be signed and dated below by all individuals listed on the subscription application who are 18 years of age and above.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



# Assumption of Risk Form

## Adult Fitness Center

### Fitness Center Assumption Of Risk

I hereby apply for a subscription to the Fitness Center (the "Center") operated by The Clark Sports Center (the "Center"). Before entering the Center I will complete and sign the Center medical form. I understand that individual fitness assessments and the recommendations offered to subscribers of the Center are not, and are not based upon, medical examination or stress tests and that I may not rely in any way upon such assessments as indicating that any recommended exercise program of the Center is an appropriate activity for me.

I agree to complete the Center's free orientation course on the proper use of the exercise machines before using any of the equipment in the Center.

I hereby affirm that I am aware that any strenuous physical activity involves certain risks. I hereby personally assume all risks in connection with the exercise programs and other activities in which I am participating in the Center and release the Center, The Clark Foundation and their respective staff, officers, trustees, agents and instructors from any and all claims by me, my family, estate, heirs or assigns except to the extent that any such claim arises from an accident or injury caused by or resulting from the negligence or willful misconduct of the Center, The Clark Foundation, or the staff, officers, trustees, agents or instructors of such organizations.

**I have fully informed myself of the nature of the risks inherent in the programs and activities of the Center and I have read the foregoing before signing below.**

This form must be signed and dated below by all subscribers to the Fitness Center who are 18 years of age and above.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



# Assumption of Risk Form

Children under 18 years of age

## Parent/Guardian Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Consent with Respect to Minors

I am applying for a subscription or registration in a Clark Sports Center program on behalf of my children under the age of 18 years, listed below. I have explained to them the nature of the facilities and activities available at and under the sponsorship of the Center and of the inherent dangers of such facilities and activities. On behalf of my children, I agree that neither the Center, nor The Clark Foundation, nor the staff, officers, trustees, agents or instructors of either organization may be held liable in any way for any injury, death or other damage to them or their property arising out of or resulting from their participation in activities at or sponsored by the Center except to the extent that any such claim arises from an accident or injury caused by or resulting from the negligence or willful misconduct of the Center, The Clark Foundation or the staff, officers, trustees, agents or instructors of such organizations and I waive any such claim on their behalf.

Permission is hereby given for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary as a result of my children's participation.

### Names of Clark Sports Center's participants under the age of 18

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This consent must be completed, signed, and dated by a parent or legal guardian.**

Signature: \_\_\_\_\_ Check one: Parent  Legal Guardian

Print name: \_\_\_\_\_ Date: \_\_\_\_\_



# Assumption of Risk Form

Youth Fitness Center

### Fitness Center Consent with Respect to Minors

I am also applying for a subscription to the Center on behalf of my children under the age of 18 years listed below. Before they enter the Center, I will complete and sign the Center medical form for each of them. I have explained to them that individual fitness assessments and recommendations offered to subscribers of the Center are not, and are not based upon, medical examinations or stress tests and that they may not rely in any way upon such assessments as indicating that any recommended exercise program of the Center is an appropriate activity for them.

I have told each of them that they must complete the Center's free orientation on the proper use of the exercise machines before using any of the equipment in the Center.

I have explained to them that any strenuous physical activity involves certain risks. On behalf of my children, I agree that neither the Center, nor The Clark Foundation, nor the staff, officers, trustees, agents or instructors of either organization may be held liable in any way for any injury, death or other damage to them or their property arising out of or resulting from their participation in exercise programs or other activities in the Center except to the extent that any such claim arises from an accident or injury caused by or resulting from the negligence or willful misconduct of the Center, The Clark Foundation or the staff, officers, trustees, agents or instructors of such organizations and I waive any such claim on their behalf.

Permission is hereby given for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary as a result of my children's participation in such activities.

### Names of Fitness Center's participants under the age of 18

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**This consent must be completed, signed, and dated by a parent or legal guardian.**

Signature: \_\_\_\_\_ Check one: Parent  Legal Guardian

Print name: \_\_\_\_\_ Date: \_\_\_\_\_