



Assumption of Risk Form

Children under 18 years of age

Parent/Guardian Contact Information

Name _____ Date _____

Date Of Birth _____ Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____

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

Date Of Birth

_____	_____
_____	_____
_____	_____

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

Liability Waiver and Release Regarding COVID-19 and Other Illnesses

At the Clark Sports Center, our number one priority is the health and safety of our members, guests and employees. In response to the COVID-19 pandemic, we have taken steps to reduce the spread of the virus such as cleaning above our already high standards, reducing the facility's maximum capacity, and imposing social distancing and mask wearing requirements throughout the facility. Nevertheless, since it is impossible to completely eliminate the possibility of the transmission of COVID-19 or any other virus or illness, the Clark Sports Center cannot be liable for any illness contracted by its members or guests. In consideration of your continued membership at the Clark Sports Center and privileges to use its facilities, to which you would otherwise not be entitled, you hereby release and forever discharge Clark Sports Center and its parents, subsidiaries, affiliates, and related entities, together with their past, present, and future officers, directors, employees, members, stockholders, parent entities, subsidiary entities, insurers, third party administrators, and the predecessors, successors, heirs, executors, administrators, and assigns of each of the foregoing, each in their capacity as such (the "Releasees") from any and all claims and causes of action alleging or asserting that you contracted COVID-19 or any other illness during a visit to the Clarks Sports Center due to the negligence of any Releasee, including any such claims and causes of action seeking money damages, injunctive relief, declaratory relief, costs, attorneys' fees, or expenses of any kind whatsoever, whether known or unknown to you at the time you sign this waiver and release. You agree that this release shall remain in effect until the expiration of your membership at Clark Sports Center, unless revoked in writing. Upon any finding by a court (or other tribunal) of competent jurisdiction that this liability waiver and release, in whole or in part, is unenforceable, upon any Releasee's request, you agree to execute a new general release that would be enforceable. If for any reason a new general release is not permitted by any court or law, if the unenforceable provision would be enforceable by limiting it, then the provision shall be deemed to be written, construed and enforced as so limited.

Signature _____ Check One: Parent Legal Guardian

Print Name _____ Date _____

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

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

Signature _____ Check One: Parent Legal Guardian

Print Name _____ Date _____