



Form No. 1
Adult Members 18 and Over

Member Contact Information

Name _____ Date _____

Date of Birth _____ Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____

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 Center. I understand the Center maintains facilities for activities such as swimming, diving, basketball, bowling, squash, racquetball, pickleball, tennis, golf simulator, volleyball, fitness training with weights and machines, and indoor soccer; that it maintains a ropes course and climbing wall; and that it offers yoga and other group fitness classes. I also understand that through my membership in the Center, I may be able to participate in additional activities both inside and outside the Center such as cross-country skiing, mountain biking, hiking, rock climbing, camping, kayak and canoe trips. I also understand that through an additional fitness center membership at the Center, I have access to the fitness equipment and weights.

I further affirm that I understand that the activities in which I may engage 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 off-site, 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 further understand that I will be required to execute an Acknowledgement, Release of Liability and Assumption of Risks forms as a condition to my participating in such off-site activities.

I hereby personally assume all risks in connection with the activities in which I will participate at the Center and release the Center and its staff, officers, trustees, agents and instructors of the Center 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 or its 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 at 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 membership application who are 18 years of age and above.

Signature _____

Date _____

Physical Address: 124 Cty. Hwy. 52, Cooperstown, New York, 13326

Mailing Address: P.O. Box 850, Cooperstown, New York, 13326

Phone: (607) 547-2800 • Fax: (607) 547-4100 • www.clarksportscenter.com



THE CLARK SPORTS CENTER PHOTO RELEASE FORM

I hereby grant the Clark Sports Center permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the Clark Sports Center and will not be returned.

I hereby irrevocably authorize the Clark Sports Center to edit, enhance, crop, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Clark Sports Center from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I UNDERSTAND THAT I MAY TERMINATE THIS AGREEMENT AT ANY TIME PROVIDED IT IS IN WRITING TO THE CLARK SPORTS CENTER.

Print Name: _____

Signature/Date: _____

If under 18, A PARENT/LEGAL GUARDIAN MUST SIGN

Parent/Legal Guardian-Print Name: _____

Signature/Date: _____