



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



Waiver, Assumption of Risk and Indemnification 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 to The Clark Foundation d/b/a Clark Sports Center (the "Center") for my children listed below who are under the age of 18 years to enroll and participate in a program at the Center or use the Center's facilities. I have explained to my children 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 its staff, employees, officers, trustees, agents or instructors 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 or from the use of the Center's facilities and equipment, except to the extent that any such claim arises from an accident or injury caused by or resulting from the gross negligence or willful misconduct by the Center or its staff, officers, trustees, agents or instructors of such organization, and I waive any such claim on my and their behalf. I further agree that in exchange for allowing my children to enroll and participate in the program, I agree to indemnify and hold harmless, to the fullest extent permitted by law, the Center, its staff, employees, officers, trustees, agents and instructors from any and all claims, losses, damages, costs and expenses, including reasonable attorney's fees and litigation, arising out of and/or relating to my children's attendance and participation in the program including any claims brought on behalf of my children.

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 _____



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:_____