

Welcome to the Clark Sports Center

EMERGENCY INFORMATION

Fax # (607)547-4100

NAME _____ DATE _____

ADDRESS _____ CITY _____

State _____ Zip Code _____ Phone #() _____

EMERGENCY CONTACT: 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 of 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.

Name of Center's participants under the age of 18

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

PRINT NAME _____ Parent ✎ Legal Guardian ✎

SIGNATURE _____ DATE _____

SECTION IV – 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 Subscribers under the age of 18 years:

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

PRINT NAME _____ **Parent** ✎ **Legal Guardian** ✎

SIGNATURE _____ **DATE** _____