



972 MacArthur Drive
Ballston Spa, NY 12020

Phone: 518-77-COOP-7
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2018-2019 Season Renewal Form

Name:	FG Acct #
Service Address:	City:
State:	Zip:
Mailing Address:	City:
State:	Zip:
Home Phone:	Cell Phone:
Email (required)	Secondary Email:

Each party shall indemnify and hold harmless the other party and any of the other parties subsidiaries companies and the officers, agents, and employees of each party (collectively the "Indemnitees"), from and against any and all claims, losses, damages, causes of action, suits, liabilities, and judgments of every kind and character, including all expenses of litigation, court costs, and reasonable attorneys' fees, for injury to or death of any person, or for damages to any property which the Indemnitees may sustain, to the extent proximately caused by the other party's negligence or unlawful conduct. Each party shall and does further indemnify and hold each other harmless from any injuries or loss incurred by party's guests, workers or invitees who are on said premises in regard to this contract.

Signed _____

PLEASE SUBMIT THIS FORM WITH \$25 PAYMENT TO THE ADDRESS ABOVE TO COMPLETE ENROLLMENT ANNUAL MEMBERSHIP FEE REQUIRED TO CONTINUE MEMBERSHIP PRIVILEGES UNDER CURRENT CONTRACT CHECKS AND MONEY ORDERS MUST BE MADE PAYABLE TO "THE SACANDAGA GROUP, INC". THANK YOU.

