

Acknowledgement of Risk Form – Youth General (Non-4-H Youth)

This form must be completed to participate in 4-H programs or activities for youth not currently enrolled in the 4-H Youth Development program.

Enrolled 4-H members must complete the Acknowledgement of Risk Form for 4-H club members.

I hereby apply for my child to participate in the youth program activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the activity or activities and my child's participation in said activity or activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and danger, as well. I accept and assume ALL risks and dangers associated with my child participating in this event.

I certify that my child is medically able to perform the activity(ies)/program, is in good health, and at or above the minimum age of ____ required to participate in this activity or program.

My child and I agree to abide by any decision of a CCE official relative to any aspect of my child's participation in this event/program, including the right of any CCE official to deny or suspend participation for any reason whatsoever. I attest that my child and I have read the rules of the activity/program and agree to abide by them.

Cornell Cooperative Extension of _____ County

Activity or Program: _____

Date(s): _____

I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and accept the risks involved. I herewith release, forever discharge and waive any right of recovery or subrogation against Cornell Cooperative Extension, its officers, directors, employees and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of personal property that my child may sustain while participating in this program.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

PARTICIPANT'S NAME (print): _____

DATE OF BIRTH: _____

ADDRESS: _____

PARENT/GUARDIAN NAME (print): _____

SIGNATURE: _____ DATE: _____

This form must be kept on file until participant reaches age twenty-one (21).