

ACKNOWLEDGMENT OF RISK FORM

(THIS FORM MUST BE COMPLETED TO PARTICIPATE. CLOVERBUDS THAT WISH TO PARTICIPATE IN EQUINE OR OTHER ANIMAL PROGRAMS MUST COMPLETE THE APPROPRIATE FORM IN THE ATTACHMENT SECTION)

I hereby apply for my child to participate in the 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 above activities and my child's participation in said activity 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 dangers and I hereby accept these risk and dangers.

My child is in good health and is at or above the minimum age of _____ required to participate in this activity and is able to participate in any strenuous physical activity associate therewith.

Cornell Cooperative Extension of

County

ACTIVITY:

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 AN ACCEPT THE RISKS INVOLVED.

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: _____

SIGNATURE: _____ **DATE:** _____

**4-H CLOVERBUD ACKNOWLEDGMENT OF RISK FORM
(THIS FORM MUST BE COMPLETED TO PARTICIPATE)**

I hereby apply for my child to participate in the 4-H CLOVERBUD activities to be conducted by Cornell Cooperative Extension Association of:

County and acknowledge as follows:

ACTIVITY: EQUINE PROGRAM OR OTHER ANIMAL PROGRAM

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the above activities and my child's participation in said activity 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 dangers and I hereby accept these risk and dangers.

My child is in good health and is at or above the minimum age of FIVE (5) required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO ALLOW MY CHILD TO PARTICIPATE IN THE INDICATED ACTIVITY. ACCEPTANCE OF MY CHILD INTO THE ACTIVITY AND CONTINUATION OF MY CHILD IN THE PROGRAM IS SOLELY UP TO DISCRETION OF THE COUNTY EXTENSION 4-H PROGRAM STAFF.

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 that require court action shall be venued in the Supreme Court of the State of New York of County where the Association 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) _____

AGE: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

SIGNATURE: _____ **DATE:** _____