Acknowledgement of Risk Form

This form must be completed before child may participate.

I hereby grant permission for my child ________________________________ to participate in the 4-H snowshoeing event.

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 such 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 incidents may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health. I understand that he/she will participate in strenuous physical activity.

I HAVE READ THE ABOVE AND BY SIGNING BELOW, I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE INDICATED ACTIVITY.

The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child’s participation in this activity shall be venued in the Supreme Court of the State of New York located in the county of the Extension office.

PARENT/GUARDIAN’S NAME (print) ________________________________

SIGNATURE: ______________________________________________________________________

PUBLICITY, PHOTO, DISPLAY, AND PRESS RELEASE: Cornell Cooperative Extension and Cornell University are granted permission to use and/or publish my or my child's photograph or image (including audio, film, digital image or any other media for educational purposes, on their respective websites or for the promotion of their respective programs. I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, the Cornell Cooperative Extension Associations and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

Name of Parent/Guardian: (PRINT)__________________________  Signature:________________________

Name of Child/Ward: (PRINT)_______________________________  Date:________________________