

**Acknowledgement of Risk Form – Youth General**

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 dangers and I hereby accept these risk and dangers.

My child is in good health and is at or above the minimum age of 8 required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

**Cornell Cooperative Extension of Saratoga County**

Activity or Program: Fall Trail Ride / Woodland Walk & Lunch

Date(s): 10/4/15 Rain date 10/10/15

**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.**

**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 21.**