

Cornell Cooperative Extension of Putnam County
2016 Putnam County 4-H Fair
Acknowledgement of Risk, Waiver & Release

I hereby apply for myself and/or my child(ren) listed above to participate as a volunteer in the **2016 Putnam 4-H Fair** below to be conducted by the Cornell Cooperative Extension of Putnam County and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my or my child's participation in the **4-H Fair** program and my or 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 to myself or my child(ren) and damage to personal property.

I understand other participants, attendees, vendors, exhibitors, accidents, forces of nature or other causes may cause these risk and dangers and I hereby accept these risk and dangers. It is my responsibility to chaperone my child.

My child is in good health and is at or above the minimum age of **12** required to participate (without a parent) in this activity and is able to participate in any strenuous physical activity associated therewith.

I herewith release, forever discharge and waive any right of recovery or subrogation against the Cornell Cooperative Extension Association of Putnam County, The County of Putnam, Cornell University and their respective officers, directors, trustees, employees, members and volunteers, from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I or my child(ren) may sustain while I or my child(ren) is participating in the **4-H Fair**. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the activity shall first be submitted to arbitration and/or be venued in the Supreme Court of the State of New York of Putnam County, the choice of which shall be at the sole discretion of CCE.

I have read the above and by signing this Acknowledgment of Risk & Waiver Form I agree it is my intention to have myself and/or my child(ren) participate in the **4-H Fair** and I understand and accept the risks involved.



I hereby give my child(ren) listed below, permission to fully participate in the Putnam County 4-H Fair . I authorize the use of any photos, slides, films, digital images, sketches or any other audio visual materials taken of myself and/or my child(ren) during the 4-H Fair for publicity, advertising, and promotion including social media.

Signature of Parent/Guardian of Youth Volunteer(s): _____ Date: _____
Signature of Adult Volunteer(s): _____ Date: _____

Emergency Contact Name: _____ Relationship: _____
Emergency Contact PHONE: _____ Alternate Phone: _____

Names of Children Volunteering at the 4-H Fair: **Age:**

(PLEASE NOTE: Children under the age of 12 may volunteer with a Parent)

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|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Names of Adults Volunteering at the 4-H Fair:

*As of March 31, 2013, a New York State Cornell Cooperative Extension policy now requires casual adult volunteers (ages 18+), who volunteer more than one calendar day per year for Cornell Cooperative Extension to consent to a background screening prior to their service.