

CORNELL COOPERATIVE EXTENSION
SUFFOLK COUNTY FARM & EDUCATION CENTER

Acknowledgement of Risk & Transportation Form

This form must be completed and returned to SCFEC - CCE before child may participate in planned activities.

I hereby grant permission for my child _____ to participate in the daily camp or program activities, sponsored by Cornell Cooperative Extension of Suffolk County during the current year's season 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 such activities, and use of any equipment related to such activities, may result in injury, illness, or death, and/or 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 may participate in strenuous physical activity.

I agree that Cornell Cooperative Extension staff may, when necessary, transport my children to special activity sites as described in program literature.

I permit the use of any photos, slides, films, videos, or sketches of him/her taken during the activity for publicity, advertising, and promotion.

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 NAME (print) _____

SIGNATURE OF SAME: _____ DATE: _____

ADDRESS: _____

CHILD'S NAME: _____ D.O.B: _____