



# Dorothy P. Flint Nassau County Horse and High Ropes Waiver



Camper's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Primary Parent or Guardian: Last \_\_\_\_\_ First \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Parent or Guardian: Last \_\_\_\_\_ First \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: Last \_\_\_\_\_ First \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: Last \_\_\_\_\_ First \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I hereby apply for my child to participate in the summer residence camp program conducted by Cornell Cooperative Extension Nassau County and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in camp and its programs and activities and my child's use of any equipment related to such activities and programs 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 risks and dangers and I hereby accept and agree to these risks and dangers. My child is in good health and is at or above the minimum age of 8 required to participate in camp and all camp activities including those listed below and he/she is able to participate in any strenuous physical activity associated therewith. I affirm that I have read all camp materials describing the various activities and programs conducted by the camp. I HAVE READ THE ABOVE AND BY SIGNING I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN CAMP AND ALL ACTIVITIES AND PROGRAMS OF THE CAMP AND I UNDERSTAND AND FULLY 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 participating in DPF 4-H Camp activities shall be venued in the Supreme Court of the State of New York, Suffolk County.

### 4H Equine Program

I hereby give permission for:

- Participation in a equine program
- Working with equines beyond club level including clinics, camps and shows
- Working with equines in mounted "over fences" activities. I the parent or legal guardian am aware that my child will be participating in 4H Horse program mounted "over fences" activities at Cornell University Cooperative Extension, county, multiple county, regional or state sponsored events. I give my child permission to participate . Mounted "Over fences classes in the NYS 4-H horse Program could include ground rail, and/or other over fences classes and obstacles (this does not include trail class) The obstacles will be no higher than 3 foot in any of the 4H activities.

### High Ropes Program

I hereby give permission for:

- Participation in a High Ropes program

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign on the behalf of any other parent/guardian of the child named herein.

Participant's name (PRINT) \_\_\_\_\_

Signers Name (Print) \_\_\_\_\_

Signers Signature \_\_\_\_\_

Authorization Date \_\_\_\_\_