

Cornell Cooperative Extension | Suffolk County

Strengthening Families & Communities • Protecting & Enhancing the Environment • Fostering Economic Development • Promoting Sustainable Agriculture

ACKNOWLEDGMENT OF RISK FORM - YOUTH

THIS FORM MUST BE COMPLETED TO PARTICIPATE)

I warrant that I am the legal parent/guardian of the child indicated below and hereby apply for my child to participate in the activity or activities indicated below to be conducted by Cornell Cooperative Extension Association of Suffolk County and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the activities and my child's participation in said activity and use of any equipment related to such activities may result in their injury, illness or death and/or 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 these risks and dangers.

My child is in good health and is at or above the minimum age of 1 years required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

ACTIVITIES: Marine crafts, games on the beach, hiking on nature trails or the beach, exposure to poison ivy, marine animals, and ticks possible, any associated activities within the Sport Fishing Education Center and on surrounding property of Cedar Beach Marina, dock scraping, seining, fishing, crabbing, touching live animals, participating in activities near the water, docks, classroom, and playground areas.

All Beach and wading activities at Sea Explorers Marine Camp and other programs. I understand and agree that if I, or someone on my behalf, drop-off and/or pick-up my child or children at the Sport Fishing Education Center, that I will remain responsible for the kids until such time as they are checked in/checked out by CCE staff.

DATE(S): 7/1 /20– 7/1/21

I HAVE READ THE ABOVE AND BY SIGNING BELOW I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AND FULLY ACCEPT THE RISKS INVOLVED AND RELEASE EXTENSION, ITS EMPLOYEES AND AGENTS FROM ANY LIABILITY.

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 Suffolk County. 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: _____

Sport Fishing Education Center

Ocean Parkway • Po Box 21 Babylon, New York 11702 • 631.587.2873 • www.ccesuffolk.org

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.

SIGNATURE: _____ **DATE:** _____