



Dorothy P. Flint Nassau County 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, Nassau County.

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 _____