

ACKNOWLEDGEMENT OF RISK

This form must be completed to participate in 4-H clubs and related activities.

I hereby apply for my child to participate in the 4-H club/activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows: I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the 4-H club and activities and my child's participation in said 4-H club and its activities and use of any equipment related to such as activities 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 risk and dangers and I hereby accept these risk and dangers. My child is in good health and is at or above the minimum age of 5 for Cloverbud members and 8 for regular members required to participate in this activity and is able to participate in any strenuous physical activity.

CORNELL COOPERATIVE EXTENSION RENSSELAER COUNTY

4-H Program year: **October 1, 2023 –September 30, 2024**

NAME OF MEMBER: _____

AGE (if under 18): _____

4-H Club Activity (please select anticipated program participation):

- All 4-H activities and events for program year
- Working with dogs
- Physical Fitness Program
- Shooting Sports
- All of the above

Cloverbud Members

- Cloverbud Activities
- Cloverbud working with equine and other animal programs
- All of the above

4-H Equine (Horse) Activities

- Participating in an equine club
- Working with equines beyond club level including clinics, camps, shows
- Working with equines in mounted "over fences" activities. I (the parent/legal guardian) is aware my child will be participating in 4-H 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, cross rail, and/or other over fences classes and obstacles (this does include trail class). The obstacles will be no higher than 3 foot in any of the 4-H activities.
- All of the above

I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and 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 participation in the activity shall be venued in the Supreme Court of the State of New York of the county where the County Extension office is located. 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.

PHOTO RELEASE

By signing this form, I consent and give permission to allow Cornell Cooperative Extension the unlimited right to use photos, videos, direct quotes, and/or audio clips that they have of me participating in Cornell Cooperative Extension programs or events. I agree to give up my rights with regards to Cornell Cooperative Extension photos, videos, direct quotes, and/or audio clips of me. Further, by signing this consent and release form, I acknowledge that I understand and agree to the above request and conditions. I sign this form freely and without inducement.

Signature: _____

Date: _____

Parent/Legal Guardian's (if under 18):

Signature: _____

Date: _____