

ACKNOWLEDGMENT OF RISK FORM
(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 _____ required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

ACTIVITY:

DATE(S):

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: _____

SIGNATURE: _____ DATE: _____