



Cornell University
Cooperative Extension
Franklin County



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ACKNOWLEDGMENT OF RISK FORM
(THIS FORM MUST BE COMPLETED TO PARTICIPATE)

I hereby apply for my child to participate in the 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 above activities and my child’s participation in said activity and use of any equipment related to such 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 _____ required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Cornell Cooperative Extension of Franklin County
CCE OR 4-H SPONSORED ACTIVITY: _____

DATE (S): _____

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.

PARTICIPANT’S NAME: (print) _____

DATE OF BIRTH: _____

ADDRESS: _____

PARENT GUARDIAN NAME: _____

SIGNATURE: _____ **DATE:** _____

Appropriate foot protection—all dairy and beef participants must wear sturdy work boots or shoes, without steel toes; no open toed footwear.