

Please return Acknowledgment of Risk form by OCTOBER 19th to:
Cornell Cooperative Extension-Suffolk County Farm and Education Center, 350
Yaphank Avenue, Yaphank, NY 11980 attn: Vicki Fleming.

ACKNOWLEDGMENT OF RISK FORM

(THIS FORM MUST BE COMPLETED TO PARTICIPATE).

I hereby apply for myself and/or my child to participate in the activity indicated below to be conducted by Cornell Cooperative Extension Association of Suffolk County and acknowledge as follows: PUMPKIN CATAPULT CONTEST AT SUFFOLK COUNTY FARM AND EDUCATION CENTER ON October 27, 2007.

I fully understand and acknowledge that there are inherent risks and dangers in myself and/or my child's participation in the above activities and my and/or 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 8 required to participate in this activity and is able to participate in any strenuous physical activity associate therewith.

Cornell Cooperative Extension of Suffolk County

ACTIVITY: PUMPKIN CATAPULT CONTEST

DATE: October 27, 2007

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO HAVE MYSELF AND/OR MY CHILD PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AND ACCEPT THE RISKS INVOLVED AND RELEASE CCE OF EXTENSION, ITS OFFICERS, DIRECTORS, EMPLOYEES & VOLUNTEERS AND THE COUNTY OF SUFFOLK, ITS EMPLOYEES AND ELECTED OFFICIALS FROM ANY LIABILITY FOR INJURIES TO MYSELF AND/OR MY CHILD.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my or 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): _____

PARTICIPANT'S SIGNATURE: _____

DATE OF BIRTH: _____

ADDRESS: _____

PARENT GUARDIAN NAME: _____

SIGNATURE: _____ DATE: _____