



Cornell University
Cooperative Extension
St. Lawrence County

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ACKNOWLEDGEMENT OF RISK FORM

(This form must be completed to participate in equine, other animal programs, or in activities that carry certain amounts of risk.)

I hereby apply for my child to participate in the activities to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

ACTIVITY: EQUINE PROGRAM OR OTHER ANIMAL PROGRAM AND/OR ACTIVITY

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in ALL 4-H Equine Program or Other Animal Program activities and my child's participation in said activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participant's 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.

Cornell Cooperative Extension of St. Lawrence County

DATE(s): 4-H Year October 1, 2009 through September 30, 2010

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO ALLOW MY CHILD PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AND ACCEPT THE RISKS INVOLVED. ACCEPTANCE OF MY CHILD INTO THE ACTIVITY AND CONTINUATION OF MY CHILD IN THE PROGRAM IS SOLELY UP TO THE DISCRETION OF THE COUNTY EXTENSION 4-H PROGRAM STAFF.

This shall be binding on my heirs, successors, assignees, 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: _____

Building Strong and Vibrant New York Communities