

**CORNELL UNIVERSITY**  
**COOPERATIVE EXTENSION**  
2010 Acknowledgement of Risk Form

*This form **MUST** be completed **BEFORE** a child may participate.*

I hereby grant permission for my child \_\_\_\_\_ to participate in the **Allegany County 4-H Program** activities sponsored by Cornell Cooperative Extension of ALLEGANY COUNTY through program year **09 - 10** 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 such 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 participants, accidents, forces of nature, or other incidents may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health. I understand that he / she will participate in strenuous physical activity.

**I HAVE READ THE ABOVE AND BY SIGNING BELOW, I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE INDICATED ACTIVITY.**

The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child's participation in this activity shall be venued in the Supreme Court of the State of New York located in the county of the Extension office.

**PARENT/ CUARDIAN'S NAME (print)**

**SIGNATURE:**

**ADDRESS:**

**CHILD'S/CHILDREN'S NAME:**

**AGES:**

**DATE:**