

Acknowledgement of Risk Form – 4-H Member

This form must be completed to participate (including Cloverbuds) in 4-H clubs and related activities.
This form may be completed during 4-H enrollment for the full program year for 4-H activities and events designated below at the club, county, state and national level.

I hereby apply for my child to participate in the 4-H club and/or 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 4-H club and activities and my child's participation in said 4-H club and all its 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 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 **5 for Cloverbud members and 8 for regular 4-H members** required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Cornell Cooperative Extension of _____ County

DATE(S): 4-H Program Year: October 1, 20__ – September 30, 20__

4-H CLUB ACTIVITY (Select anticipated program participation):

- ☐ All 4-H activities and events for program year
- ☐ Working with dogs
- ☐ Physical Fitness programs
- ☐ Shooting Sports

For Cloverbuds (youth 5-8 years old only):

- ☐ Cloverbud activities
- ☐ Cloverbud working with equine or other animal programs

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 (print): _____

SIGNATURE: _____ **DATE:** _____

This form must be kept on file until participant reaches age 21.