

## ACKNOWLEDGMENT OF RISK FORM

**(THIS FORM MUST BE COMPLETED TO PARTICIPATE.  
CLOVERBUDS THAT WISH TO PARTICIPATE IN EQUINE OR OTHER ANIMAL PROGRAMS MUST  
COMPLETE THE APPROPRIATE FORM.)**

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 8 and in 3<sup>rd</sup> grade required to participate in this activity and is able to participate in any strenuous physical activity associate therewith.

*Cornell Cooperative Extension Livingston County*

ACTIVITY: Horse Program

DATE(S): October 1, 2011 to September 30, 2012

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 AN 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:** \_\_\_\_\_