



Cornell University
 Cooperative Extension
 Nassau County



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Dorothy P. Flint Nassau County 4-H Camp Spring Leadership Weekends 2019

(For Participant and/or Parent / Guardian to complete)

PLEASE FILL OUT BOTH SIDES AND APPROPRIATE WAIVER ATTACHED

Participant Name: _____

I wish to participate in the following Spring 2019 Leadership Weekends (please check boxes):

- Weekend 1: (7 pm) Friday, April 5 to (1 pm) Sunday, April 8**
- Weekend 2: (7 pm) Friday, May 3 to (1 pm) Sunday, May 5**
- Weekend 3: (7 pm) Friday, May 17 to (1 pm) Sunday, May 19**

****Drop-off at camp will be on Friday night at 7pm. Pick-up will be on Sunday afternoon at 1. Please note, dinner will not be served on Friday night, so please be sure your child eats before arrival. There is no lunch being served Sunday but snacks will be available****

For Participants Under 18 Years Old:

I, _____ (Parent/Guardian or participant) give permission for _____ (Youth Attending), who is my _____ (specify relationship) to participate in the Dorothy P. Flint 4-H Camp Leadership Weekend(s) as designated above.

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

I hereby give permission to personnel selected by the Cornell Cooperative Extension of Nassau County to see medical attention to my child and if necessary to order x-rays, routine tests, treatment, release any records necessary for insurance purposes, and to provide or arrange for necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Cornell Cooperative Extension of Nassau County to secure and administer treatment, including hospitalization, for the person named above.

Emergency Transportation: Do hereby authorize, licensed representatives of Cornell Cooperative Extension and Cornell University to provide transportation in an authorized vehicle for my child in the event of a weather, evacuation or medical emergency.

For All Participants:

Photo Release: Cornell Cooperative Extension and Cornell University are granted permission to use and/or publish my or my child’s photograph or image (including audio, film, digital image or any other media) for educational purposes, on their respective websites or for the promotion of their respective programs. I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, the Cornell Cooperative Extension Associations and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.



For Participants under the age of 18 Parent/Guardian fill out below:

Parent / Guardian Home Phone: _____

Parent / Guardian Cell Phone: _____

Parent / Guardian E-mail Address: _____

Parent / Guardian Signature: _____

ALL participants fill out below:

Alternate Contact (In case of Emergency): _____

Home Phone: _____

Cell Phone: _____

Participants Signature: _____

Accommodations for persons with disabilities may be requested by calling Erika Hulver at 516-433-7970 Ext. 17 at least one week prior to the weekend to ensure sufficient time to make arrangements. Requests received after this date will be met when possible.

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.

Dorothy P. Flint Nassau County 4-H Camp Leadership Weekends
Acknowledgement of Risk Form – 4-H Member
This form must be completed to participate 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.

Cornell Cooperative Extension of Nassau County

4-H Program Year: _____

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

- D All 4-H activities and events for program year
- D Working with farm animals, horses and/or dogs
- D Physical Fitness programs
- D Leadership Weekend Activities

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.

**Dorothy P. Flint Nassau County 4-H Camp Leadership Weekend
Acknowledgment of Risk, Waiver & Release - Adult**
This form must be completed by all participants 18 years and older

I, _____ the undersigned hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of Nassau County and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the above activities and my participation in said activities and use of any equipment or materials related to such activities may result in my injury, illness or death and damage to or loss of my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby fully acknowledge and accept these risk and dangers.

I am in good health and **I am at or above the minimum age of 18** required to participate in this activity and I am able to participate in any strenuous physical activity associated therewith.

I herewith release, forever discharge and waive any right of recovery or subrogation against Cornell Cooperative Extension, its officers, directors, employees and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the activity shall first be submitted to arbitration and/or be venued in the Supreme Court of the State of New York of the sponsoring County Association, the choice of which shall be at the sole discretion of CCE.

I HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE INSTRUCTOR, THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AN ACCEPT ALL THE RISKS INVOLVED.

Year(s) OF PROGRAM: 2019

DESCRIPTION OF PROGRAM: Leadership Weekends

PARTICIPANT'S FULL NAME (print) _____

DATE OF BIRTH: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ SIGNATURE: _____
(MUST BE CCE EMPLOYEE)

This form must be kept in CCE Association files for seven (7) years from date of show.