

ACKNOWLEDGMENT OF RISK FORM -HORSE SHOW -YOUTH
(THIS FORM MUST BE COMPLETED FOR YOUTHS UNDER 18 THAT WISH TO PARTICIPATE IN THE HORSE SHOW)

I hereby apply for my child to participate in the horse show 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 5 required to participate in this activity and is able to participate in any strenuous physical activity associate therewith.

Cornell Cooperative Extension of Oneida County

NAME OF HORSE SHOW: _____

LOCATION OF SHOW: _____

DATE(S): _____

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN THE HORSE SHOW 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: _____

SIGNATURE: _____ DATE: _____

NOTE: This form must be kept in CCE Association files for 14 years if youngest participant is 8 or 18 years if participant is Cloverbud.