

RELEASE/WAIVER FORM

In consideration of permitting _____
participant name

to participate in _____
program/activity

Program/activity, the parents(s) or legal guardian(s) agree to hold harmless Cornell Cooperative Extension, all its directors, agents, employees, volunteers, other participants and Cornell University from any liability for any bodily injury or illness that occurs to the participant which may have been caused by or which may arise out of participation in the program. I also consent to and authorize the reproduction, publication and use of photographs of my child by Cornell Cooperative Extension for promotional purposes.

Signature of Parent/Guardian

Date

CORNELL COOPERATIVE EXTENSION OF ONTARIO COUNTY 4-H YOUTH PROGRAM PARENT PERMISSION AND RESPONSIBILITY FORM FOR 4-H COUNTY FUND RAISERS

My child/children _____

a member/members of the _____ 4-H Club,
has/have my permission to participate in county-wide fundraisers. In doing so, I agree to accept financial responsibility for all fund raising products and money received and will also provide adult guidance at all times to those listed above during their fund raising participation.

Parent Signature

Address

City

State

Zip

Telephone

Date