

# **RE-ENROLLMENT FORM: OCTOBER 1, 2021-SEPTEMBER 30, 2022**

FIRST NAME:		MI:LAS	ST NAME:	
ADDRESS:		CITY/TOWN:		
STATE:	ZIP:COU	NTY RESIDENCE:_		
PRIMARY TELEPHO	DNE:	EM	ERGENCY/CELL	
FAMILY EMAIL:		YOUTH EM	IAIL:	
BIRTHDATE:	GENDER:	GRADE:	SCHOOL:	
-H CLUB:				
and national program Program of Cornell the following <b>Code</b> of	e of Conduct: 4-H member m, activities, events, show Cooperative Extension of of Conduct. OT PERMITTED at 4-H spor	s and contests spon Cortland County are	sored for youth by the e required to conduct th	4-H Youth Development
<ul> <li>*Inappropriate</li> <li><u>Revealing Cla</u></li> <li>*inappropriate</li> <li><u>Revealing inc</u></li> <li><u>Possession, ca</u></li> <li>Possession, ca</li> <li>Possession or</li> <li>Sexual activity</li> <li>Boys in girls'</li> <li>Cheating or n</li> <li>Theft, destruct</li> <li>Violation of an</li> <li>Unauthorized</li> <li>Physical verb</li> <li>Possession or</li> <li>Other conduct</li> </ul>	nt for tobacco or alcohol e, lewd or suggestive messag <u>othing</u> such as (but not limited tely short skirts or shorts <u>cluding</u> midriff-baring tops/ p onsumption or distribution of se or distribution of illegal dr use of all tobacco products	i to) ants worn to show und alcohol ugs nd girls in boys' dorm e of another person the intent to hurt or int he youth developmen	hitory or lodging areas	ENROLLMENT FEES: (Oct.1-Dec.31, 2021 In-County: 5.00/max. \$25.00 Family Out of County: \$15.00/Max \$45.00 Family After Dec. 31, 2021: Late Fee Enrollment: In-County: \$15.00 per member Out of County: \$25.00 per member Out of County: \$25.00 per member
<ul> <li>The adult chan situation.</li> <li>The parent(s)</li> <li>The 4-H'er main with the situation of the situation.</li> <li>When a violation ineligible for ineligible for if any laws are</li> </ul> Part 1: Photo Release	d the following steps may b perone for the youth involved may be called and arrangen ay be barred from participati tion occurs at the competitive any awards. Competition in 1 e violated, the case may be re ase: 2021-2022 By signing the Extension the unlimited	d in the violation (CCE nents made for transpond ng in 4-H event, 4-H members ate contest may also be eferred to the police.	ortation home of the parer may be disqualified from be barred. this form, I consent and	nt's expense. the contest and may be d give permission to all

**Part 3:** ACKNOWLEDGEMENT OF RISK: 2021-2022 This form must be completed to participate (including CLOVERBUDS) in 4-H clubs and relative activities. I hereby apply for my child to participate in the 4-H club/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 for the 4-h club and activities and my child's participate 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 and is at or above the **minimum age of 5 for Cloverbud members and age 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 CORTLAND COUNTY 4-H PROGRAM YEAR: <u>OCTOBER 1, 2021-SEPTEMBER 30, 2022</u>

### 4-H Club Activity:

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

### For Cloverbuds:

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

#### 4-H Equine (Horse) Activities:

- Participating in an equine club
- □ Working with equines beyond club level including clinics, camps shows
- Works with equines in mounted "over fences" activities at Cornell University cooperative Extension Cortland County, multiple county, regional or state sponsored events. I give my child permission to participate in fences classes and obstacles (this does include trail class) The obstacles will not highter that 3 foot in any of the 4-H activities.

# I have read the above and by signing it I agree it is my intention to have my child particpate in the indicated activity and I understand and accept the risks invloved.

This shall be binding on my heris, successors, assigns, administrators and executors. Any claims or disputes aring 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 lease (21) twenty-one years of age and I am the legal parent/guardian authroized to sign this document on behalf of the child named herein.

### Part 4: SIGNATURES;

Youth Name:

Parent Name:

4-H Club or Independent Member:

Parent/Guardian Signature:

### TO RECEIVE ALL INFORMATION – POSTED BY THE 4-H OFFICE Website: <u>http://cortland.cce.cornell.edu/</u>

- NEWSLETTERS: BY MAIL
- EMAIL / 4-H BLAST
- BOTH

2021-2022 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.

## **CORNELL COOPERATIVE EXTENSION** - Volunteers and Program Participants

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than 50. The City of Cortland has set this number to 50.

### Acknowledgement of Risk

I understand Cornell Cooperative Extension of Cortland County ("CCE") has put in place preventative measures to reduce the spread of COVID-19; however, CCE cannot guarantee that I or my dependent will not become infected with COVID-19. Further, entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

By participating in **CCE** programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, **CCE** employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering **CCE** or participation in **CCE** programming ("Claims"). On my behalf, and on behalf heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless **CCE**, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the **CCE**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan for Cornell Cooperative Extension of Cortland County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Name of participant:

Date:

Signature of Parent/Guardian:

Please note that you will **save and send via email** to the 4-H office: use the cortland@cornell.edu or send to Jackie at jdh28@cornell.edu