



**Cornell University**  
**Cooperative Extension**  
**Cortland County**



**4-H Youth Development**  
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**COOPERATIVE EXTENSION ACKNOWLEDGEMENT OF RISK FORM**

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**THIS FORM MUST BE COMPLETED BEFORE CHILD MAY PARTICIPATE IN TRACTOR SAFETY PROGRAMS IN WHICH THEY WILL BE IN CONTACT WITH TRACTORS AND/OR MACHINERY**

I hereby grant permission for my child \_\_\_\_\_ to participate in the **Tractor Safety Certification Course** sponsored by Cornell Cooperative Extension of Cortland County for the 2025 program, 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 such 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 risks and dangers and I hereby accept these risks and dangers.

My child is in good health. I understand that he/she will participate in strenuous physical activity. I permit the use of any photos, slides, films, or sketches of him/her taken during the day’s activities for publicity, advertising, and promotion.

**I HAVE READ THE ABOVE AND BY SIGNING BELOW, I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE INDICATED ACTIVITY.**

The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child’s participation in this activity shall be venued in the Supreme Court of the State of New York located in county of Extension office.

PARENT/GUARDIAN’S NAME (print): \_\_\_\_\_

PARENT/GUARDIAN’S SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHILD’S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Building Strong and Vibrant New York Communities*

Diversity and Inclusion are a part of Cornell University’s heritage. We are a recognized employer and educator valuing AA/EEO, Protected Veterans, and Individuals with Disabilities.