

## CORNELL COOPERATIVE EXTENSION - Volunteers and Program Participants

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### Assumption of the Risk and Waiver of Liability Relating to Camp & Coronavirus/COVID-19

**This form must be completed as part of the registration process for each camping year.**

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**Name of Camp:** 4-H Camp Overlook

**Location:** 70 Beach Rd., Mountain View, NY 12969

**Date(s):** 8/13 through 8/26/2023

I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in I or my dependent's participation in the camp and its programs and activities. I fully understand that I or my dependent's participation in the camp and all its activities and programs and that I or my dependent's use of any equipment related to such activities and programs 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 fully accept these risks and dangers.

I or my dependent is in good health and is at or above the minimum age of required to participate in the camp and is able to participate in any strenuous physical activity associate therewith. I affirm that I have read all the camp materials describing the various activities and programs conducted by the camp.

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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 # 100.

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#### Acknowledgement of Risk

**I understand Cornell Cooperative Extension of Franklin 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

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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 Franklin County ("CCE")**. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO HAVE MYSELF OR MY DEPENDENT PARTICIPATE IN THE CAMP AND ALL ACTIVITIES AND PROGRAMS 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 eighteen (18) years of age and I am the legal parent/guardian authorized to sign on behalf of myself and any other parent/guardian of the child named herein.**

Participant's Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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