

Acknowledgement of Risk

I warrant that I am the legal parent/guardian of the child indicated below and hereby apply for my child to participate in the activity or activities indicated below to be conducted by Ithaca Children's Garden and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the activities at the camp. My child's participation in said activity and use of any equipment related to such activities may result in their injury, illness or death and/or damage to personal property, and furthermore my child may get wet, muddy, hot, and bug bitten. 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 and is at or above the minimum age required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

NAME & LOCATION OF CAMP: Ithaca Children's Garden, Cass Park, Rt 89, Ithaca, NY 14850. Camp office is located at 1001 W Seneca St, Suite 101, Ithaca, NY 14850 (All paperwork should be mailed to camp office.)

ACTIVITIES: ALL CAMP ACTIVITIES INCLUDING BUT NOT LIMITED TO: PLANT AND ANIMAL CARE, DEN BUILDING, HIKING, RUNNING, JUMPING, GARDENING, COOKING, CRAFTS, DIGITAL PHOTOGRAPHY, WALKING FIELD TRIPS, DRAMA, ECOLOGY, SCIENCE, SPORTS, BASIC CARPENTRY, AND CHILD-DIRECTED PLAY.

I have read the Policies & Procedures and Acknowledgement of Risk Statement and by signing below, I agree it is my intention to have my child participate in the indicated activities. I understand and fully accept the risks involved and release Ithaca Children's Garden, Cornell Cooperative Extension, the City of Ithaca, its employees, sponsors, partners, and agents from any liability. This shall be binding on my heirs, successors, assigns, administrators and executors. 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. By signing this form I assert that I have read the entire form, I understand all of the terms and conditions, and I agree to all of them.

Camper's Name	DOB
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Signature of Parent/Guardian	Date
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Print Parent/Guardian Name	