

4-H STATE FAIR DORMITORY EXCEPTION REQUEST FORM

This form must be completed by local Association with the parent/guardian of a youth requesting permission to stay/reside outside the Youth Dormitories. Completed form must be filed at least twenty-four hours prior to attending fair week with the County Extension office where the 4-H member's club is located-NO EXCEPTIONS. Copies are to be provided to State Fair 4-H Program Coordinator, 4-H leaders and fair chaperones.

NOTICE TO PARENT/GUARDIANS

New York State Fair Youth Department Rules state: All Youth Department Participants staying overnight at the NYS Fairgrounds are to sleep in the Youth Dormitories. It is the policy of the NYS 4-H that all 4-H youth fair participants are required to stay in the Youth Dormitories under the supervision of the 4-H chaperones overseeing youth involvement at State Fair. Therefore, if you as the parent/guardian by filing this form are requesting that your child be permitted to stay/reside at some facility other than the Youth Dormitory you are advised as follows.

There are significant inherent risks and dangers in your decision to have your child stay/reside in facilities and locations outside the chaperoned Youth Dormitory which may result in injury, illness or death to your child and loss of or damage to their personal property. Other persons, accidents, forces of nature and/or other causes may cause these risks and dangers to your child.

4-H YOUTH FAIR PARTICIPANT'S NAME: (PRINT) _____

COUNTY: _____ YOUTH ADDRESS: _____

PARENT/GUARDIAN PHONE: _____ CELL PHONE: _____

BY SIGNING AND FILING THIS FORM YOU ACKNOWLEDGE AS FOLLOWS:

1. I recognize and acknowledge that there are significant inherent risks and dangers in my decision to have my child stay/reside in facilities and locations outside the chaperoned Youth Dormitory which may result in injury, illness or death to my child and loss of or damage to their personal property. Other persons, accidents, forces of nature and/or other causes may cause these risk and dangers to my child. I ASSUME THESE RISKS AND DANGERS.
2. I fully understand that when my child is not staying/residing in the Youth Dormitories under the supervision of the chaperones as required by State Fair regulations my child is no longer considered a 4-H youth participant and is not covered by any insurance provided by Extension.
3. I herewith release, forever discharge and waive any right of causes of action or of recovery from or subrogation against Cornell Cooperative Extension, Cornell University, their respective officers, administrators, directors, board members, employees and volunteers from any and all liability whatsoever for any illness or injury, including death to my child or damage to or loss of my child's personal property resulting from this request. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the activity shall first be submitted to arbitration and/or be venued in the Supreme Court of the State of New York the choice of which shall be at the sole discretion of Extension.

NAME OF PARENT/GUARDIAN: _____ DATE: _____

ADDRESS: _____ SIGNATURE: _____

WITNESS: _____
(MUST BE LOCAL CCE EMPLOYEE) PRINT NAME SIGNATURE DATE

THIS FORM MUST BE KEPT ON FILE BY LOCAL ASSOCIATION FOR SEVEN (7) YEARS