



# Cornell University

## Parental/Guardian Consent and Release Form (off campus)

I, the undersigned, parent or guardian of (Name of Child/Youth) \_\_\_\_\_, a minor under eighteen (18) years of age, expressly accept and agree to the following terms and conditions (hereinafter, collectively, the "Release Agreement") in consideration for my child's voluntary participation in the 2025 STAR (hereafter called "Program") with Cornell University and Cornell Cooperative Extension 4-H at an off-site location, in Syracuse, NY from May 2, 2025 to May 4, 2025. I understand that my child will participate in positive youth development, experiential learning, agriculture, sustainable food systems, STEM, and civic engagement workshops and roundtable discussions.

Consent to Participate and Assumption of Risk: I consent to my child's volunteer participation in the 2025 STAR trip, knowing the unique risks and other potential dangers, hazards, and risks of injury and illness that may arise and that it is not possible to specifically list every individual risk of injury and illness. lacerations • broken bones • head/eye injuries • traumatic brain injury • paralysis • back/neck/spine injuries • heart attack • stroke • broken bones • muscle or ligament tears • death. I acknowledge that my child will take every precaution to safeguard his/her health, safety, and security and the safety and security of his/her personal belongings and premises. I agree to assume all risks and responsibilities surrounding my child's voluntary participation in the program.

Transportation of my Child/Youth: I understand and acknowledge that I, the parent or legal guardian, am solely responsible and assume all related risks for the transportation of my child/youth to and from the 2025 STAR program location in Syracuse, NY. Also, I understand that Cornell University is not responsible for the transportation of my child/youth before, during, or after the 2025 STAR trip, which involves risks of injury and illness that may arise due to my child's participation and that it is not possible to identify every individual risk of injury and illness specifically. I am aware that the risks involved may include the use of aircraft, chartered, private, and/or rented passenger vehicles not owned or controlled by Cornell University. I agree to assume all risks and responsibility for my child's health, safety, and property while participating in this trip. I further understand that should I or my child choose to arrive early or remain in Syracuse, NY at the completion of the 2025 STAR trip, I am solely responsible for my child's actions and anything that might happen to my child due to their elected extended stay.

Liability for Room Damages: I understand that I am responsible for any loss or damage that my child may cause to the hotel/motel room, room furnishings, or other hotel/motel property. I understand that any charges for extraordinary cleaning required and for any loss or damages my child may have caused while staying at the hotel/motel will be billed to me and that Cornell University and Cornell Cooperative Extension are not responsible for any loss or damages my child may cause.

Communication with Child/Youth Should Only Take Place During the Activity/Program or Through Parents/Guardians: Cornell University and the 4-H Cornell Cooperative Extension faculty, staff, students, and volunteers are instructed not to communicate with your child/youth outside of the 2025 STAR trip without a parent or guardian present. If I become aware of any such unauthorized communication by a



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Cornell University or 4-H Cornell Cooperative Extension faculty, staff, students, or volunteers, I will contact [youthprogramadministrator@cornell.edu](mailto:youthprogramadministrator@cornell.edu), immediately.

Release of Liability for Cornell University: I hereby for myself and on behalf of my heirs, family members, executors, administrators, assigns, personal representative and next of kin, agree to HOLD HARMLESS, Cornell University, their respective trustees, officers, agents, volunteers, employees, students, and Cornell Cooperative Extension 4-H (collectively, "Released Parties") from any liabilities, damages, expenses, causes of action, claims, or demands of any nature whatsoever, including any claims of negligence, on account of the accident, personal injury, property damage or even death, however, caused within the scope of this trip.

Assumption of Risk, Waiver, and Release of Liability: I understand that the risk of becoming exposed to or infected by communicable diseases, including COVID-19, at Cornell University may arise from the actions, omissions, or negligence of myself and/or others. I recognize that the University cannot limit all potential sources of infection from communicable diseases occurring at on- or off-campus locations. I knowingly and voluntarily assume all risks, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure or infection, for myself, and my family. I fully understand the risks, I knowingly and voluntarily waive and release Cornell University trustees, officers, agents, volunteers, employees, students, and the **Cornell Cooperative Extension 4-H** (the "Released Parties") from all present and future claims of any type, including negligence, for any harm or loss, including but not limited to, economic loss, personal injury, disease, death or property damage suffered by me or my family, as a result of my participation in a Cornell University program or activity or as a result of my presence on Cornell University's campus. I agree to indemnify, hold harmless, and covenant not to sue the Released Parties for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees, or other loss arising out of the **2025 STAR** trip activities.

Cornell University Does Not Provide Insurance and Parents Are to Inform Cornell University of Any Special Needs: I understand that Cornell University and Cornell Cooperative Extension do not provide any Accident or Medical Insurance with respect to this trip. I am responsible for providing any Accident or Medical Insurance, and it will be my responsibility to pay for emergency room care, doctors' services, hospitalization, and any other related costs, medical or non-medical. I further acknowledge that I will take all precautions that I deem necessary for my child's personal safety and well-being, including, but not limited to, medical precautions as needed prior to the start of this trip. Finally, I promise to inform Cornell University and Cornell Cooperative Extension about any special needs my child may have or any precautions the faculty, staff, students, and volunteers must take prior to the start of the first day of the trip.

Consent to Recording and Media Release (please mark one):

I grant and authorize or  I do not grant and authorize Cornell University the right to record and use, to the extent that it desires, any images (including, but not limited to visual images, graphics, spoken word, vocal or instrumental music/sound effects) or activity in which my child (or my child's establishment/organization) have taken part on behalf of Cornell or its representatives. Recording methods and distribution media may include, but are not limited to videotape, audiotape, motion



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picture film, still photographs (analog or digital) DVD, CD, or web pages. I further understand that this authorization shall extend to Cornell University's grantees, lessees, or licensees in perpetuity.

Theft, Damage, or Loss to Child's Personal Property: I understand that Cornell University and Cornell Cooperative Extension are not responsible for any theft, damage or loss to my child's personal property while participating in the trip.

Adherence to Standards: I understand that my child is subject to Cornell University and Cornell Cooperative Extension 4-H regulations and guidelines including the Cornell University policies, laws of the United States, and the laws of New York State; and that in the event of a violation of these, or behavior which is considered by Cornell University to be detrimental to my child, or other participants, Cornell University and Cornell Cooperative Extension shall have the right to dismiss my child as a participant from this trip while retaining all payments (if applicable). I, on behalf of my child, agree to abide by these rules and regulations at all times during this trip. I understand that if I permit my child, or if my child chooses to participate in any conduct, excursions, or other activities in violation of Cornell University procedures, policies, and rules prior, during, or after the trip, which are not included or part of the scheduled trip, that they do so voluntarily, and that Cornell University is not responsible for my child or my child's actions.

Potential Disputes Resolved in Tompkins County: I agree that this Release Agreement shall be governed by the laws of the State of New York, without regard to conflicts of laws principles. I agree that any dispute about the terms of this Release shall be presented to a court of competent jurisdiction in the State of New York with a venue in Tompkins County.

Parental/Guardian Certification: I certify that I have read (or had someone read to me) and understand this entire Release Agreement and understand the potential dangers involved in participating in this trip. I am fully aware of the legal consequences of this Release Agreement, and I agree to its terms. I UNDERSTAND THAT I AM RELEASING AND WAIVING CERTAIN RIGHTS AND ASSUMING THE RISKS OF INJURY, DEATH, OR OTHER DAMAGES FROM MY PARTICIPATION. I represent and warrant that I am eighteen (18) years of age or older and have the legal authority to execute this Release Agreement on behalf of the listed child.

SIGNATURE: \_\_\_\_\_

PRINT NAME AND DATE: \_\_\_\_\_



Cornell University

**Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_

Cell/Home Phone#: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_