Cornell University

Parental/Guardian Consent and Release Agreement Form (on 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 **Expanding Your Horizons at Cornell** student organization **Expanding Your Horizon Spring 2026** program/activity/camp/event (hereafter called "Program") at Cornell University campus located in Ithaca, NY on March 28, 2026, from 7am to 5pm. My child will participate in hands-on science-based workshops, lab tours, and demonstrations from scientists from across campus.

Consent to Participate and Assumption of Risk: I consent to my child's voluntary participation in the Program knowing the 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. ABRASIONS• BRUISES/BURNS• LACERATIONS • BROKEN BONES • HEAD/EYE INJURIES • BRAIN DAMAGE• TRAUMATIC BRAIN INJURY• PARALYSIS • BACK/NECK/SPINE INJURIES • HEART ATTACK • STROKE • BONE JOINT DISLOCATION • TORN/PULLED/STRAINED MUSCLE OR LIGAMENT • FAINTING • ALLERGIES AND REACTION AND ILLINESS DUE TO EXPOSURE TO FOOD, BEVERAGE, PLANTS, AND OTHER CONSUMED OR TOPICAL PRODUCTS• NAUSEA AND/OR VOMITING • DEATH•ETC. I hereby expressly assume all of the delineated risks and responsibilities surrounding my child's volunteer participation in the listed Program activities.

Communication with Child/Youth Should Only Take Place During the Activity/Program or Through Parents/Guardians: The program faculty, staff, students, and volunteers are instructed not to communicate with your child outside of the Program without a parent or guardian present. If I become aware of any such unauthorized communication by a Program faculty, staff, student, or volunteer, I will contact youthprogramadministrator@cornell.edu immediately.

Transportation of my Child/Youth (Please mark one):

_____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 location of the program. Also, I understand that Cornell University is not responsible for the transportation of my child/youth before, during, or after the Program.

_____I am aware that the risks involved may include the use of aircraft, chartered buses, private, and/or rented passenger vehicles may or may not be 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 program. I further understand that should I or my child choose to arrive early or remain in Ithaca, at the completion of the **Expanding Your Horizon Spring 2026** program, I am solely responsible for my child's actions and anything that might happen to my child due to their elected extended stay.

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, and students (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 Program.

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 Expanding Your Horizon at Cornell student organization (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 losses arising from the Expanding Your Horizon Spring 2026 activities.

Cornell University Does Not Provide Insurance and Parents Are to Inform Cornell University of Any Special Needs:
I understand that Cornell University does not provide any Accident or Medical Insurance with respect to this Program. 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 Program. Finally, I promise to inform Cornell University about any special needs, my child may have or any precautions the faculty, staff, students, and volunteers must take before the day of the program.

Recording and Media Release (please mark one): _____ I grant and authorize or _____ I don't grant and authorize Cornell University the right to record and use for educational fund-raising, business activity including submission of grants, and publicity about the program worldwide, and 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 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 is not responsible for any theft, damage or loss to my child's personal property while participating in the Program.

Adherence to Standards: I understand that my child must abide by all laws, regulations, Cornell University procedures, policies, and rules at all times during my child's participation in the program. 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 Program, which are not included or part of the scheduled Program, 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 Program. 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 CHILD'S 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.

Cornell University

SIGNATURE: _____

PRINT NAME AND DATE: _____

PRINT CHILD/YOUTH'S NAME: _____

Emergency Contact Information

Emergency Contact Name: _____

Cell/Home Phone#: _____

Work Phone#: _____

Relationship to Minor: _____

Please list any allergies: _____

_____

_____

Parent/Guardian Consent Form
Individual

Note that one parent/guardian consent form must be printed and signed for <u>each</u> student.

Student Information

In this document, "the student" refers to:

Last name:_____First name:_____

Student ID:_____

Consent Information

The student has my permission to participate in the Expanding Your Horizons conference at Cornell University on March 28, 2026:

Yes

Photographs and videos of the student may be used by EYH for promotional and display purposes:

Yes ☐ No

If a guardian cannot attend the conference then a Cornell staff/student "buddy" will accompany the student to all their workshops. All of our "buddies" are volunteers so ensuring the exact gender breakdown can be difficult but if you require a particular gender please indicate below:

☐ Any Buddy ☐ Female ☐ Male ☐ Non-binary

In the event of an emergency, EYH will use the emergency contact information submitted with the student's online registration. Please notify us by email at cornelleyhreg@gmail.com if the emergency contact information is incorrect.

Signature of Parent/Guardian:_____

Print Name:_____Date:_____

Please email this form to cornelleyhreg@gmail.com and pay online using the link in the full registration email. If you cannot pay by card, mail your check payment to EYH at the address below. Checks should be made out to Cornell University. Please be sure to include your student ID number and full name with all payments. If you are paying by credit card or if you requested a scholarship, do not enclose a payment.

*****PAYMENT AND SIGNED CONSENT FORMS ARE DUE BY MARCH 6, 2026*****

Cornell EYH (Mailbox 249)
245 Feeney Way
116 Baker Lab
Ithaca, NY 14853

Cornell University Behavioral Expectations of Youth

Expanding your Horizons – March 28, 2026

The Following Minimum Conduct Rules for All Youth Programs:

- The possession or use of alcohol and other drugs, fireworks, guns and other weapons, a sexually explicit material is prohibited.
- Participants may not leave University premises or the program location without consent.
- Participants are prohibited from engaging in acts of violence, sexual abuse, or harassment.
- Hazing is prohibited.
- Bullying, including verbal, physical, and cyber bullying are prohibited.
- The use of tobacco products, including e-cigarettes, is prohibited.
- Misuse, damage, or theft of property is prohibited.
- The use of cameras, imaging, and digital devices is prohibited in areas where privacy is ` expected, such as showers, locker rooms, and restrooms.
- Rules for older program participants (generally 13+) should include a prohibition on all sexual activity.

Please sign that you have read these behavioral guidelines

X _____ X _____

EYH Participant Parent/Guardian