



Cornell University

Parental/Guardian Consent and Release 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 volunteer participation in the Expanding Your Horizons, program/activity/camp (hereafter called "Program") at Cornell University on April 9, 2022.

Consent to Participate and Assumption of Risk: I consent to my child's volunteer 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. 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 agree to assume all risks and responsibilities surrounding my child's volunteer participation in the Program.

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 Ritchie Patterson at jrp3@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, and employees (collectively, "Released Parties") and the Expanding Your Horizons from any liabilities, damages, expenses, causes of action, claims, or demands of any nature whatsoever, including any claims of negligence, on account of accident, personal injury, property damage or even death, however caused within the scope of this Program.

COVID- 19 Assumption of Risk, Waiver, and Release of Liability: I understand and acknowledge that COVID-19 is a global pandemic and a public health risk. I understand that the risk of becoming exposed to or infected by COVID-19 at Cornell University may arise from the actions, omissions, or negligence of myself, my child and/or others. I recognize that the University cannot limit all potential sources of COVID-19 infection. I knowingly and voluntarily assume all risks, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure or infection with COVID-19, for myself, my child, and my family. I fully understand the risks, I knowingly and voluntarily waive and release Cornell University trustees, officers, agents, volunteers, employees, and students (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, my child, or my family, as a result of my child's participation in a Cornell University Program, Camp, or Activity or as a result of my child's presence or my presence on Cornell University's campus (the "Programs"). 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 Program activities.



Cornell University

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 to provide 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 and the Expanding Your Horizons 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 Program.

Consent to Recording and Media Release: I authorize Cornell University and Expanding Your Horizons to photograph, audio, and/or video record my child during the Program; and use or distribute any pictures, audio, or video recording related to the program, camp, or activity in which my child is depicted without limitation. Cornell University and Expanding Your Horizon is granted permission to use such materials for educational fund-raising, promotional or other purposes worldwide. I further consent to Cornell University preserving these recordings until four years after my child turns eighteen (18) years of age.

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 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 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: _____



Parent/Guardian Consent Form
Group Member

Note that one parent/guardian consent form must be printed and signed for each 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 April 9, 2022:

Yes

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

Yes No

The student may be transported in a mini-van/bus (required for off-campus workshops):

Yes No

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 return this form and your check payment to your group leader. If you requested a scholarship, do not enclose payment. Checks should be made out to Cornell University.

Group leaders: please mail the consent forms and payments for your **entire group** in a single envelope to EYH at the address below.

****PAYMENT AND SIGNED CONSENT FORMS ARE DUE BY MARCH 25, 2022****

**EYH Registration Fees
PO Box 6884
Ithaca, NY 14853**

Thank you for registering for EYH! We look forward to seeing you in April.