

**Participant Waiver for Fall Foliage Watershed Walk**  
**October 3, 2020**

I, \_\_\_\_\_ the undersigned hereby apply to participate in the program **Ashokan Quarry Fall Foliage Watershed Walk** to be conducted in cooperation with Cornell Cooperative Extension Association of Ulster County ("CCE") and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the above activities and my participation in said activities and use of any equipment or materials related to such activities may result in my injury, illness or death and damage to or loss of my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby fully acknowledge and accept these risk and dangers.

I understand CCE has put in place preventative measures to reduce the spread of COVID-19; however, CCE cannot guarantee that I or my dependent will not become infected with COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in CCE programs.

I attest that I have read the rules, including the Stream Program Safety Pledge, and agree to abide by them. I am in good health and I am at or above the minimum age of 8 required to participate in this activity and I am able to participate in any strenuous physical activity associated therewith.

I herewith release, forever discharge and waive any right of recovery or subrogation against Cornell Cooperative Extension, its officers, directors, employees and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. 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 of the sponsoring County Association, the choice of which shall be at the sole discretion of CCE.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

- I do consent to the use or reproduction of images taken of my child(ren).  
 I do not consent to the use or reproduction of images taken of my child(ren).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature if under 18 years: \_\_\_\_\_

Date: \_\_\_\_\_

*Building Strong and Vibrant New York Communities*