

**F.O.R.M.**  
**FINANCIAL OPERATIONS**  
**RESOURCE MANUAL**

CODE 1501

2007 JUNE REVISED EDITION

GUIDE TO RISK MANAGEMENT & RELATED INSURANCE ISSUES

I. INTRODUCTION Since the last revision of this section of F.O.R.M in 2003 there have been many changes in personnel throughout the county Associations system. Also, there have been numerous revisions to parts of the guide and to the various attachments. The goal of this revision is to make this section as user friendly as possible and to clarify certain parts of the guide for staff.

The Guide to Risk Management and Related Insurance is a summary of the official liability and accident policies that apply to Extension Association activities and, for the most part, are administered by P.W. Wood & Son. The purpose of this manual is to identify some of the many areas of risk that Extension educators and decision makers need to be aware of to carry out Extension programming in a manner that minimizes the organization's and its paid and volunteer staff's exposure to risk.

It is recognized that the information in this guide may be interpreted differently by each individual reader. Therefore, it is essential that in all matters of risk management, close communication should be maintained among the Extension Association, Extension Administration, Administrative Systems, and P.W. Wood & Son (The Wood Office).

**All reference to Extension applies to County Cornell Cooperative Extension Associations. The information contained in this document is intended as a general guide to insurance and risk management issues. While every effort has been made to ensure the accuracy of this guide, it does not replace the actual insurance policy document. Nothing contained herein amends, alters, or otherwise changes the terms and conditions of the actual insurance policy. The actual, complex wording of the insurance policy documents takes precedence over the contents herein. Therefore, you should not produce any written documents, memos, newsletters, or other written materials or make statements to employees, volunteers or others that gives out information or advice on insurance coverage without clearing the content through the Wood Office. Please contact the Wood Office if anyone has any questions about the coverage.**

The primary goal of the risk management and insurance program is to protect the Association, its officers, directors, employees and volunteers from liability, claims and lawsuits that may result from injury to persons or damage to property that result from

accidents or covered events that occur on the premises owned, leased or used by the Association or that occur during the programs and activities of the Association.

## WHY DO WE HAVE THIS GUIDE?

Although local county Extension Associations are very closely aligned with the Extension Administration and faculty located at Cornell University the two organizations are legally separate organizations. **The New York county Extension Association system is unique and unlike any other state Extension system attached to the other land grant universities around the country. In all other land grant universities the total Extension system including the county Extension offices, are direct employees under the direction of the University. In New York, Article 5, section 224 (b) creates county Extension Associations as subordinate governmental agencies under the oversight of Cornell University As agent for the State.** Therefore, Cornell University does not provide any legal protection or risk management services to the local Associations. All local Associations are covered under a master Commercial General Liability policy and Business Auto policy with risk management services provided by P. W. Wood & Son, Inc. in cooperation with the Extension Administration at Cornell. *Directors & Officers Liability and Employment Practices Liability* insurance is covered under separate liability policies that must be purchased individually by each county Association.

In today's society, liability claims and lawsuits are frequent occurrences. The enormously complex nature of the county Extension Association system and the wide range of programs and activities carried out daily across the state require constant vigilance and monitoring for an effective risk management program. Effective risk management also depends on the combined efforts and close communication of many people. Many individuals and organizations may experience considerable financial loss as a result of legal action brought against them due to an injury to a participant or member of the public that results activity in which they were involved. With thousands of employees and volunteers participating in Cornell Cooperative Extension's educational activities throughout New York State, we should be aware of how to protect the staff (paid and volunteer) and the Association from potential legal liability problems. We, as professionals, must attend to these activities and be aware of the inherent risk of harm or loss associated with them.

Liability that results in claims and lawsuits can result from many sources. Some examples are:

- Injuries to people while they are on property owned or leased by the Association.
- Injuries to people or damage to their property while they are participating in or attending Association programs or events.

- Injuries to people or damage to property as a result of an accident involving an Association owned vehicle, or an employee's or volunteer's vehicle while they are driving on Association business.
- Injuries that result from advice given by an employee or volunteer such as pesticide use, canning, food preparation, etc.
- Assumption of the liability of another party through a contract, facilities use agreement, etc.
- Making false statements or publishing incorrect information that may damage a person's reputation.
- Copyright infringement or other improper use of protected material such as computer software.
- Directors & Officers liability (covered in more detail later in this document)

This Risk Management and Insurance guide is a resource for Cornell Cooperative Extension Association staff to use when planning, preparing and implementing Extension programs and activities. It contains important information about the Association liability insurance coverage, automobile insurance, 4-H accident insurance, and workers' compensation and recommends procedures that will assist Extension Associations in maximizing program activities and minimizing financial loss due to legal problems.

Although some specific activities are addressed in this guide, keep in mind that each situation is unique and a procedure for a similar activity may not be applicable to the one at hand. If you are at all uncertain as to the most appropriate action to take, contact the Wood Office for clarification of coverage and insurance issues. Included in this revision are a list of activities that are approved for insurance coverage and a list of activities that are not approved. If an activity is not on the list call the Wood Office for clarification.

**Important! Never assume that an activity is approved if it is being conducted in another Association. It is not unusual for an Association to engage in activity without checking for insurance coverage.**

## RISK MANAGEMENT

Risk Management is a systematic process for dealing with the financial consequences of the risk of loss from unexpected or unintended events such as accidents and legal liability.

**There are only three general ways to deal with risk and they are: risk avoidance, risk control and risk financing.** If a risk is so severe that there is no way to safely control it or to cover the financial consequences that may result with insurance the risk must be avoided because the potential financial impact on the Association, staff and volunteers could be catastrophic. The other two ways to manage risk is to control them through loss control programs and to manage the financial consequences of risk either out of pocket or

through insurance. Our goal is to utilize effective risk control techniques to control risk and to utilize the most cost effective available insurance to cover the cost of losses. As previously stated the diverse nature of the Extension Association system and the wide range of programs and activities require constant vigilance and monitoring for an effective risk management program. Effective risk management also depends on the combined efforts and close communication among the following people in the organization:

- Executive Director
- Program/issue leader of the particular activity or program
- Representatives of P. W. Wood & Son (The Wood Office)
- State Specialist where applicable
- Representative from Extension Administration at Cornell

The program/issue leader, with the assistance of the Executive Director and Extension Administration, continually identifies and evaluates current and proposed activities. The program/issue leader is the first member of the risk management team. This responsibility includes the need for an awareness by the leader of activities or situations that may involve high risk or lead to actions, claims, lawsuits, or expenses (such as medical or defense costs) for which there may be no insurance coverage. **The program/issue leader must ensure that all projects or activities sponsored or cosponsored by Extension fulfill the educational mission of Cornell Cooperative Extension and stay within the educational mission.**

Extension administration on campus<sup>1</sup> has an advisory and education role in Extension's risk management program. This unit assists in preparing resources (such as this guide) and presents programs to help Extension Association staff be informed decision makers and risk managers. This unit also serves as a liaison between the Associations and The Wood Office.

The Wood Office<sup>2</sup> is the administrator and consultant of Cornell Cooperative Extension Associations' general liability, automobile, 4-H accident, and workers' compensation insurance programs. Due to the complex nature of insurance policies, it is extremely important that The Wood Office is involved in our risk management efforts. The Wood Office will review the circumstances of a specific activity or program and will advise of the availability of insurance coverage for that activity. Please note that the Wood Office goal is to be a resource that helps the Association carry out its mission. **The Wood Office does not review programs and activities specifically for educational content.** The risk management and insurance review is conducted by the Wood Office for the following reasons:

- Be a resource to the Executive Director and staff to make sure the program or activity falls within the scope of the available insurance coverage.
- Evaluate any unusual risks that may be posed by the program or activity.

- Look at risk management risk control techniques that can reduce the potential of injury or damage.
- See if there is a way to provide insurance coverage if it is not a currently covered program or activity.
- Advise the Association if the program or activity will result in additional insurance charge. (Especially important with grants and funding contracts!)
- Review all contracts and grant proposals, etc. for insurance issues.
- Make sure that the appropriate Attachment is used for contracts with other parties that are providing work or services to the Association.
- Monitor the insurance that is required of outside vendors and others that are providing work or services to an Association to make sure it meets the criteria set forth in the Extension Association risk management program.
- Be a resource to Executive Directors and staff if an accident or situation leads to either a potential or real claim or lawsuit.

## COMMUNICATION

Close communication among all parties is a crucial part of Extension's risk management program. In addition to using this manual in the daily planning and conducting of Extension's educational activities, it is important that you contact The Wood Office for assistance and for review of programs, grants and activities including those that involve collaborative effort with other organizations. If you have any questions about any part of this guide please do not hesitate to contact The Wood Office.

## THE ASSOCIATION GENERAL LIABILITY INSURANCE PROGRAM

### WHAT IS COVERED FOR LIABILITY? (NOTE: ACTUAL POLICY TERMS WILL APPLY)

The commercial general liability insurance policy is written to cover the following types of liability arising out of or in the course of carrying out the educational mission of Cornell Cooperative Extension:

- Premises liability insurance covers injury to persons or damage to property that is caused by Extension's negligence on property owned by, rented by or used by the Association.
- Operations liability insurance protects against bodily injury or property damage that result from negligence during the approved activities carried out by the Associations.
- Very Limited professional liability protects against the dissemination of information (i.e., chemical recommendations), but not professional liability requiring a license (e.g., nursing, social work, financial planning, etc.) under a separate policy.
- Personal injury liability protects against actions of libel, slander, copyright infringement, defamation of character, or invasion of privacy.
- Independent Contractors covers the Association for claims against the Association for injuries that may be caused by independent contractors.
- Bonding covers the Association for loss of funds due to the dishonest acts of employees or volunteers who handle money and securities on behalf of the Association (e.g., bookkeeper, treasurer, etc.). Coverage is limited to \$500,000.
- Sexual abuse covers the Extension Association for claims arising out of an employee or volunteer being charged with sexual misconduct or sexual molestation. Since these are criminal acts, the employee or volunteer who actually commits the act may not be covered. Please note that there is no coverage for liability for sexual misconduct or abuse by someone outside Cornell Cooperative Extension that is assumed by CCE through a contract or other agreement.
- Product liability insurance provides limited protection for damages that may arise from the handling, use of, or conditions of products manufactured, sold, handled, or distributed by Extension. (For example, food booths or serving refreshments at meetings)

The General Liability policy will cover claims filed against the Association and its employees and volunteers for causing another person or organization to suffer bodily injury and/or property damage as a result of alleged negligence that falls within the scope of the insurance policy. (A negligence claim is based on the failure to use reasonable care when acting in a prescribed manner.) If the activity is covered by the insurance policy, the insurance carrier will defend the appropriate party or parties and pay up to the limits of the policy. If an employee or volunteer is acting outside the scope of their authority, duties

or responsibilities they may not be covered by the liability insurance even though the Association is covered. Actual policy terms and conditions will determine coverage.

#### SOME EXAMPLES OF WHAT IS NOT COVERED

- Medical malpractice
- Social work/counseling/professional
- Day care services (after school programs do not fall into this category)
- Incidents that occur on property owned or rented by Extension volunteers that are the result of negligence by the property owner and not as a result of the volunteer's responsibilities to Extension. i.e. Dog bite, property defect
- Activities that are not within the educational mission of Cornell Cooperative Extension (e.g., a project of a commercial nature)
- Cases of environmental impairment (pollution)

#### WHO IS COVERED

- The Association as an "entity"
- Extension Association employees are covered when they are participating in bona fide Extension activities; and acting within the scope of their duties and responsibilities as employees.

A bona fide activity is one that has prior approval of the Extension Association and is within the educational mission of Cornell Cooperative Extension.

⇒ NOTE: Retired employees are covered for a claim arising from an incident that occurred while an employee IF the employee was working within the scope of his/her duties and responsibilities as an Extension, and within the scope of the insurance coverage.

All Extension Association volunteers<sup>3</sup> are covered provided:

- They are participating in bona fide Extension activities; and
- **They are acting within the scope of their duties and responsibilities as volunteers and they are registered as volunteers. Casual volunteers are covered if they fit the definition of a casual volunteer in the Volunteer Involvement Policy (V.I.P.) manual.**

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<sup>3</sup> Volunteers are those who offer themselves "for a service freely and without expectation of monetary gain." Anyone who receives remuneration beyond reimbursement for expenses incurred during volunteer work (whether it be money, goods, lodging, food, etc.) is not a volunteer.

- The new V.I.P. was adopted in 2005. There are references in the V.I.P Manual to forms in this Risk management and Insurance Guide. If you have any questions on those forms, etc., please contact The Wood Office.
- If the volunteer has personal insurance (e.g., Homeowners, Renters, or Personal Umbrella) their liability coverage typically includes coverage for their volunteer activities, the Association General Liability Program may act as excess in certain circumstances. Coverage will be coordinated with the volunteer's personal insurance. If the volunteer does not have such personal insurance, the General Liability Program would apply, provided the incident is within the scope of the insurance coverage. **This does not provide premises liability for the volunteer or liability coverage for their animals.**

Individuals should not use their professional affiliation while volunteering in Extension Association programs for several reasons: **Conflict of Interest: It could be perceived that the individual would benefit professionally from their volunteer involvement with Extension. In addition, including an affiliation with another organization could jeopardize the Association's nonprofit status and the receipt of public funds.**

Liability: When an individual adds their professional affiliation to their volunteer title, it becomes unclear as to where the liability lies. In the event of a lawsuit, Extension could be pulled in for something for which it was not responsible.

Product Endorsement: By publicly using a professional affiliation along with an Extension volunteer title, it could be inferred that the Association endorses a particular product.

## OTHER AREAS PERTAINING TO THE GENERAL LIABILITY PROGRAM

### Programs with Animals

#### *Dogs*

Dog obedience classes by approved instructors are permitted. Coverage for the Seeing Eye program is excess over the homeowner's personal coverage in a club setting. Extension may not sponsor or conduct any kind of rabies or other immunization clinics.

If dogs are to be used in an exhibit (e.g., a fire prevention and safety display), they must not be accessible to the public. However, Pit bulls, Rotweillers, Dobermans and other aggressive dogs should be avoided.

#### Horses

**Leaders who fail to follow all these following guidelines will not be covered by the Association liability insurance. Note: There is no liability coverage for the owner of the horse. Only the activity is covered. All horses used in any 4-H or Association programs**

**or activities should be suitable for such use. Horses that have a propensity to bite, kick, exhibit other unruly behavior are blind or in poor physical condition should not be used.** 4-H Leaders or other participants that are using their own horses are strongly advised to check with their own insurance agent to make sure their horses are covered for liability if they are using them in the program. There is a case in New York where a person's horse injured a child and their homeowner insurance successfully denied liability coverage to the homeowner.

Horse clubs and activities must be conducted under the direction of a qualified adult and sanctioned by the local Association. All youth participants in horse clubs and activities must follow the guidelines for participation.

Neither the association nor a 4-H club should accept ownership of a horse. If someone offers to donate a horse to an association or a club contact The Wood Office immediately.

## Highlights of the Cornell Cooperative Extension Risk Management Policy Relating to 4-H Horse Project Participation

Note: "Association" means Cornell Cooperative Extension Association.

### Association General Liability and 4-H Accident Insurance

- All 4-H horse members (including Cloverbuds) in horse activities must follow the most recent horse program guidelines as adopted by your Association. This includes the NYS 4-H Horse Show Rulebook, the NYS 4-H Club Management Notebook for Staff, and the F.O.R.M. Code 1501.
- 4-H Accident Insurance covers 4-H members (Cloverbud, club and independent members), registered volunteer leaders during 4-H activities and events; other participants do not have 4-H Accident Insurance. This accident insurance is excess over volunteer's personal medical insurance. It is not liability insurance.
- CCE Association General Liability insurance protects volunteers from bodily injury claims and/or property damage claims when volunteers are acting within the scope of assigned volunteer responsibilities. This liability insurance is excess over volunteer's personal liability insurance. **The Association liability insurance does not cover 4-H Leaders or participants in shows conducted by other organizations or people or shows run by 4-H leaders that do not follow guidelines for shows.**
- Leaders who fail to follow Association adopted guidelines and CCE statewide guidelines will not be covered by the Association liability insurance.
- Liability occurs if there is negligence on someone's part that causes injury to another person or damage to their property. If an accident resulting in injury or damage occurs during a 4-H activity or show that may be caused by a 4-H club leader's negligence, the leader is covered under the Association liability insurance.

### Horses and non-Association owned property used in 4-H programs

- Association liability insurance does not cover the owner of the horse for any liability attributed to injuries caused by the horse such as kicking and biting.
- Leaders and others using their own horses should check with their own insurance agent to make sure their horses are covered for liability if they are being used in the program. (See previous comments about this issue)
- If a horse kicks, bites or hurts someone the owner of the horse should notify their own insurance company to avoid loss of coverage for late reporting of the incident.
- All horses used in any 4-H or Association program should be suitable for such use.
- Similarly, Association liability insurance does not cover the property owner for any injuries that are the result of conditions on the property (i.e. the property owner's dog bites a 4-H club member; there is a hidden well that someone falls into, etc.).

- Association liability does not provide insurance for instructors that are charging a fee for their services (i.e. Riding lessons).
- When the Association (including a 4-H club) uses individually owned horse barns, riding stables or similar commercial establishments for horse activities, the facility must show a Certificate of Insurance for liability insurance covering the facility and horses with required information noted in the F.O.R.M. Code 1501. This applies to commercial stables owned by 4-H horse club leaders also.
- NOTE: The **commercial general liability** insurance requirement is for those that operate **commercial stables or riding facilities as a business (including the 4-H leaders)** that are also used for the 4-H horse activities program. 4-H leaders who conduct 4-H programs at their residence should be covered under **homeowners, tenants, condominium** or a **small non-commercial farm, a farmowners policy**. The first 3 would then have **personal liability insurance** and the latter have **farmowners liability** insurance covering their premises liability. If the owners of the small non-commercial farms do not have a farmowners liability they may have no liability coverage for their horses at all and even then should check to make sure with the insurance agent that they are covered for liability for their horses. If they have horses and are expecting coverage under a Homeowner policy they could really have a problem if they have not informed their insurance agent that they have horses and are letting others use their horses. They should get verification in writing from their insurance agent. We do not ask any club leaders for Certificates of Insurance unless they are in the category of operating commercial stables or riding facilities.

## Horse Shows

There are two types of horse shows:

1. Those for registered 4-H members only.
2. Those for registered 4-H members and individuals who are not registered 4-H members. These are called, "Open shows" and come with additional rules. Not all Associations conduct "Open shows."

Special "Open Show" rules:

- All participants must wear approved helmets
- All participants must sign Acknowledgement of Risk forms.
- Non-4-H members under 18 may not participate in gymkhana, bareback or jumping events. There is no way to know their skill levels.

## Horse Program/Show Forms

Note: Forms are found in the Attachment Section of the F.O.R.M. Code 1501.

### Horse Acknowledgement of Risk Forms

- **Acknowledgement of Risk Form – Horse Show – Youth**: To be filled out by all youth under the age of 18 participating in Association sponsored (including 4-H club) horse shows (4-H & Open). Indicates parent/guardian has been advised that there is some risk and they permit their child to participate in the event or activity.

- Acknowledgement of Risk , Waiver and Release Horse – Adult: To be signed by participants 18 and older for Open Shows.
- 4-H Cloverbud Acknowledgement of Risk Form: To be filled out by cloverbuds participating in equine program or other animal program.

### **Permission Slip and Medical Release Forms**

- Permission Slips and Medical Release Forms indicate the parent/guardian’s consent to allow their child to participate in an Association sponsored (including 4-H club) event and to receive medical treatment in the event of an accident or injury.

### **How to Report a 4-H Accident Claim**

- The supervising volunteer must have Association instruction on how to report a 4-H accident, including who to call and how. The 4-H Program/Issue Leader or Executive Director should make a phone report within 24 hours of an accident to the Wood Office (607-266-3303). This must be done even if the injured individual has personal medical insurance. The claim form, which must be submitted within 20 days of accident, is available at:  
[http://staff.cce.cornell.edu/cce\\_library/manuals/form/pdf/Code1500/1501.pdf](http://staff.cce.cornell.edu/cce_library/manuals/form/pdf/Code1500/1501.pdf).  
 Information needed for the form includes collecting information such as details on injured person, accident, treatment and witnesses.

### *The 4-H Helmet Policy*

Cornell Cooperative Extension has adopted the following as a risk management policy: All youth participating in any official or recognized 4-H activity or educational program shall wear a properly fitted and secured, officially approved, protective helmet at all times when mounted on an equine, or seated in a vehicle being pulled by one or more equines.

**In open shows or other horse activities not sponsored or conducted by Cooperative Extension, it is recommended all participating 4-H members wear appropriate headgear when involved in such activities. State law must be followed in all instances. The Association liability insurance does not cover 4-H leaders or participants in shows conducted by other organizations or people.**

### Open Trail Rides

Coverage exists if all participants under 21 wear a helmet, appropriate adult supervision is provided, and trails have been scouted beforehand and are marked well. Acknowledgement of Risk Form must be signed.

### Polo and Broom Ball

Coverage does not exist for any polo activities, but does extend to broom ball sports. **See specific rules pertaining to horseshows.**

### Pony Rides

Liability coverage exists for the Association, employees, and volunteers, provided the following criteria are met: the ride circle is fenced in or roped off from the public; all ponies are led by a competent person (i.e., has the strength and maturity to handle the animal); and all riders are wearing approved helmets and attended while riding. No riders under the age of 5 unless the parent or guardian is walking alongside and assisting the rider. **Pony rides as an activity must be approved by the local Association.**

⇒ NOTE: All horses in any program must have been inoculated with rabies vaccine. (See Rabies section below.)

### Cloverbuds

Cloverbuds in horse activities must follow the most recent horse program guidelines for Cloverbuds and horse activities as part of the risk management and loss control guidelines for insurance coverage. There are no exceptions. Leaders who fail to follow the guidelines will not be covered by the liability insurance protection.

### Horse Owners and stables (see above)

### Incubation and Embryology Project

Homemade incubators, including those that were constructed according to Cornell bulletin guidelines ("Still Air Incubators, L8-1a-Ed.11/81) are no longer an acceptable component of the Incubation and Embryology project due to safety and risk management concerns. Teachers and program leaders are encouraged to purchase pre-assembled incubators included on the supplies and equipment list provided by the Cornell Animal Science department.

### Livestock Auctions

Coverage for livestock auctions held at the end of the season for 4Hers to sell their animals is limited to the 4-H participants. The auction event itself is covered only when all participants are 4-H members. There is no coverage for any injury to or loss of the animals under any circumstances. There is no coverage for the auctioneer. There is no accident or medical coverage for persons other than the registered 4-Hers and registered 4-H club leaders

### Petting Zoos:

Activities are covered by General Liability if participants are attended by an adult at all times. Horses with a history of biting or kicking or other similar behavior should not be present during Petting Zoo hours. Donkeys, geese, oxen, bulls or other animals or birds that may bite, kick or scratch should never be used in Petting Zoos. **Petting zoos must never be left unattended by an adult leader. Petting zoo health guidelines must be followed regarding sanitation.** Children should not be given access to the petting zoo unless a parent or guardian or other responsible adult is with them.

### Animal Exhibits

Animal exhibits at fairs or any other event open to the public **should never be left unattended. Adult supervision should be present at all times. Signage should be present to warn the public not to touch the animals or birds.**

### Animals & Fairs

If animals, including horses, are at a fair and stabled or penned appropriate adult supervision must be available at all times. **Signage warning the public not to interact with the animals should be prominently displayed at all entrances and at the stables.**

### Rabies

Due to the increase in rabies found in animals across New York State, certification of rabies vaccination has become a greater concern. Proof of valid rabies vaccinations is a requirement for participation in horse events for all participants. Horse rabies vaccines take a minimum of three weeks to be effective and are good for only one year. If the shot is given before the previous shot expires, it can be considered continuous. While not a requirement for liability insurance coverage, the Department of Health has recommended that all mammals being exhibited at fairs receive a rabies vaccination no later than 14 days before the event begins. Animals that may be affected by this **include:**

- Goats, rabbits, and swine
- Cats and ferrets shown in pet shows
- Dogs and cats that are brought onto the fairgrounds by the general public (e.g., fairgoers, exhibitors, carnival workers)

### Large animals

The most current guidelines for youths working with large animals other than horses **must** be followed as part of the insurance and risk management requirements.

Other Programs and Activities:

### Adopt-A-Highway/Adopt-A-Stream and other Community Service Programs

Community service events are covered by liability insurance; however, any contracts or agreements associated with these activities must be reviewed and preapproved by The Wood Office before they are signed by the Association president or designee.

When entering into an agreement with the Department of Transportation for an Adopt-A-Highway program, please be sure to send a copy of the agreement to The Wood Office before it is signed to ensure the Association's liability policy complies with the terms of the agreement. When participating in an Adopt-A-Stream program, be sure to have the property owner sign and carry with you at all times the permission form to be on private property. (See Attachment Section.)

### After-School Programs

After-School youth education programs conducted by Cornell Cooperative Extension are covered by the Association's general liability insurance **with an additional charge** to the Association **if the program has been preapproved for insurance**. Promotional materials and contracts for Association-sponsored After-School programs should stress the educational focus of the program so that the programs are not confused with traditional daycare/latchkey programs. Be sure to submit any proposals or contracts related to after-school programs to The Wood Office in the planning stage and before they are signed to ensure the Associations' liability policy complies with the terms of the agreement.

### Alcohol

Alcohol is not permitted at any activities involving youth. There is no liability coverage for the sale of alcoholic beverages. FUND RAISING AND ALCOHOL: The New York State Alcoholic Beverage Control Board states that **any form of remuneration** that is used in exchange for alcohol constitutes a sale and requires a license. The Host Liquor Liability insurance provides coverage for Extension Association-sponsored social events at which

free alcoholic beverages are served. **A vendor who sells or dispenses alcoholic beverages at an Association event must sign the appropriate Vendor form and present a certificate of insurance to prove that the vendor has Liquor Legal Liability insurance in the minimum amount of \$1,000,000. This is a requirement of the vendor and Extension Associations cannot provide this coverage for the vendor. If a winery wants to donate proceeds from the sale of wine or wants to conduct a wine tasting event the following guidelines must be followed and The Wood Office must be contacted before the event is finalized.**

- **CCE cannot sponsor the event in any way.**
- **CCE employees and volunteers cannot participate in the event in any official capacity.**
- **The event cannot take place on any property owned, leased or controlled by CCE.**
- **CCE employees and volunteers cannot sell tickets or collect any donations for the event.**
- **CCE cannot appear on the label.**
- **CCE can be identified as the recipient of any proceeds from the fund raising activity.**
- **Always contact The Wood Office before getting involved in such an event.**

### Bicycles

All participants under 14 years of age are required by law to wear a safety helmet (American National Standard Institute, Snell, or ASTM) while riding a bicycle in a 4-H sponsored activity. It is highly recommended that all other participants, regardless of age, wear a safety-approved helmet while on a bicycle. State law governs this issue.

### Boats

Limited liability coverage is available for activities with non-power boats (e.g., row boats, canoes, and small sailboats). There is no coverage for renting boats, power boats or damage to boats. Power boats must be covered under special marine insurance policies that Extension does not have. **NOTE: Employees or Volunteers operating their own power boats in any boating activity are not covered by the Association's General Liability insurance.**

## Certification Programs

Certification programs (e.g., Tractor Safety, Snowmobile Safety, Shooting Sports program) present a higher level of accountability than other Extension programs because of the formal process of training and acknowledging participants' ability to perform at a prescribed level. Due to this, Extension educators must ensure that certification programs are conducted in a consistent and thorough manner, according to the guidelines set forth in the certification program training manual. **ATV certification programs are prohibited. ATV safety education programs are permitted that follow established guidelines.**

## **Clean-Up Events including Hazardous Materials**

Clean-up events (i.e. roadways, parks, beaches, etc.) involving Extension employees, volunteers, and participants are covered with the exception of those activities involving chemicals, pesticides, and other hazardous materials. Do not sponsor, cosponsor, or participate in Hazardous Waste, pesticide, tire or other cleanup events except to help promote the event. Before getting involved contact The Wood Office. Extension Associations may inform clients of a Hazardous materials, pesticide or tire or other cleanup event sponsored by another agency and help publicize such events, but they should not cosponsor or otherwise participate in the event, since insurance coverage is not available.

E-mail and Internet Use: The computer has revolutionized the way we access information and interact with one another. Because of the speed of this communication, we may view and/or treat it as an informal means of communicating. This may cause us to be less careful about what we "say" in an electronic message than when we write (and sign) correspondence. Sending e-mail is as valid as sending a letter. Thus, we are responsible for what we write whether it is on paper or through the Internet system.

The Associations' liability insurance covers extension Associations and its employees and volunteers for the dissemination of technical research-based knowledge. It does not, however, cover information that is the opinion of individuals. If you write an e-mail message that includes your personal opinion, include the following disclaimer: *"This is not the opinion of the Cornell Cooperative Extension system or Cornell University"*.

**Copyrighted work:** The Association's General Liability policy covers the organization and its paid and volunteer staff for claims of copyright infringement that are made against them if it is an inadvertent use of the material. A deliberate violation of copyright law is not covered. However, all staff should be careful to not infringe on copyrighted materials (in printed, on-line, or recorded form). Note: Materials do not need to include a copyright notice (©) to be protected from infringement. Always request written permission to reproduce or otherwise use the work of others by contacting the author or publisher beforehand. For further information about copyright, refer to the following Web site: <http://lcweb.loc.gov/copyright/>.

### Exhibits and Trade Shows

All Vendor participants in an exhibit or trade show sponsored by Extension or held on Extension property should sign a hold harmless agreement and provide a certificate of insurance. (See specimen Vendor Agreements in Attachments.)

Likewise, if an Association plans to participate in an exhibit or trade show sponsored by another organization, they may be required to provide a certificate of insurance to the sponsor or property owner. If there is an entry form or contract please contact The Wood Office to obtain for review before signing and a certificate of insurance.

Fairs– Association sponsored Fairs must be pre-approved by The Wood Office and meet very stringent insurance requirements. There is no further approval of new fairs that involves midways rides, fireworks and similar carnival type events.

Any Vendor or group outside of Cornell Cooperative Extension that is going to set up a display or sell food at an Extension-sponsored fair will need to sign our Vendor agreement and present a certificate of insurance to the Association showing general liability coverage, including personal injury and products coverage in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate.

NOTE: Any non-commercial organization that exhibits only and does not sell any products or services may not be required to present a certificate of insurance. Examples of such organizations include garden clubs, amateur radio clubs, stamp clubs, other collector-type or hobby clubs, and quilting and craft clubs that do not sell their goods. However, contract the Wood Office for a form for them to sign.

For individuals who have a “home business” and sell goods or services at an Extension-sponsored fair or carnival, every attempt should be made to obtain a certificate of insurance from them since a “home business” endorsement can be attached to homeowners, tenants, and condominium policies just for this purpose. There is also a special form for them obtained from The Wood Office.

The Association’s liability coverage does not cover the following activities:

- **Hot air balloon rides**
- **Dunking booths**
- **Demolition derbies**
- **Truck/tractor pulls**
- **Midways**

**See the attached list of other approved and prohibited activities. If you do not see an activity on either list call The Wood Office. Do not assume that it has been approved because another Association or club is doing it.**

### *Fundraising*

Fundraising is critical in funding and furthering Extension's work, however, it can expose the Association to potential liability. The following should be considered when planning a fundraising function:

The distribution or sale of products (e.g., toys, bicycle helmets, etc.) may cause product liability concerns. As such, the Association should call The Wood Office when planning any fundraising activities other than approved fund raising activities in the attached list. A list of approved activities is attached. Although not a liability issue, Cornell Cooperative Extension program policy does not allow raffles. Any questions regarding fundraising should be directed to 4-H Youth Development for programming concerns and to FHAR for financial concerns.

**As Associations look for creative ways to supplement budgets great care must be taken not to get into commercial ventures outside the scope of permitted not for profit status. No Association should engage in fund raising involving alcoholic beverages without checking with the Wood Office.**

### *Permission Slips and Medical Release Forms*

Permission slips serve two purposes: they indicate the parent/guardian's consent to allow their children to participate in an Extension-sponsored event and indicates the parent/guardian's permission to have their children receive medical treatment in the event of an accident or injury (see Attachment section).

### *Liability Waivers*

Cornell Cooperative Extension should not ask parents or guardians to sign a waiver and release of liability forms from other organizations for participants in 4-H or other youth programming activities such as ropes courses, skiing, rafting, etc... By contract, such a form shifts the legal liability of the organization back to the parents/guardians since they cannot sign away their child's rights. If the event/activity is hazardous (e.g., downhill skiing, white water rafting and similar events to be conducted at commercial establishments, etc.), the Association should have the parent/guardian sign an Acknowledgement of Risk form (see Attachment section) which indicates that the parent/guardian has been advised that there is some risk and they are still permitting their child to participate in the event or activity. **At times organizations that provide activities for 4-H clubs and camps (e.g., canoe trips, ropes courses, horse instruction) request parents/guardians to sign Waivers and Release of Liability forms in order for the children to participate in their activities. Cooperative Extension should not suggest**

or recommend that a parent or guardian sign waivers or release of liability forms, particularly when the outside vendor is charging any fee for the activity. These forms may even be in violation of New York law if they go too far. Further, they may indirectly bring Extension into litigation to cover these outside vendors, which is outside the intent of the Association's liability coverage. Outside vendors who cannot produce liability insurance coverage to cover their liability without a waiver or release should not be used by Extension.

**Use of Photograph in Extension Publications:** According to New York State Civil Rights Law, Section 51, a photograph of an individual (child or adult) cannot be published without the individual's and parent/guardian's prior approval. Thus, Associations wishing to use a photograph of an Extension program participant in a publication must receive the individual's permission before the publication is printed and distributed. (see Attachment section.)

**Renting, Leasing, or Donating Extension Facilities:** Extension Associations may rent, lease, or donate the use of their facilities to outside organizations or individuals according to local Association policy. The following are suggested guidelines to aid in this process: A Use of Facility agreement **with a hold harmless clause must be signed by a responsible individual or legal representative of the outside organization (see Attachment section).** Any organization using Extension Association facilities should provide an original certificate of insurance for General Liability with a combined Single Limit for Bodily Injury and Property Damage of \$1,000,000 per occurrence and \$2,000,000 aggregate to cover the following:-

- Premises and Operations - Products and Completed Operations
- Contractual Liability (covering the hold harmless agreement)
  - Personal Injury A, B, & C
  - Host Liquor Liability (if alcohol will be served without charge)

The certificate should specifically show the Extension Association as the **certificate holder** and they should sign a Use of Facilities Form (see Attachment section). If a vendor will be selling or dispensing alcoholic beverages, that Vendor must also sign a special form. Contact the Wood Office. A certificate of insurance should be furnished showing that the vendor has Liquor Legal Liability insurance in the minimum amount of \$1,000,000. All certificates of insurance must be reviewed by The Wood Office. If an organization does not have the appropriate insurance, please contact The Wood Office prior to the event to discuss the situation.

### Shooting Sports Programs

Shooting sports programs are covered provided the New York State 4-H guidelines are followed. The program must be conducted at an approved sportsman's type club with NRA and NYS approved instructors. The facility must have its own liability insurance covering its premises and operation as a shooting club or facility. **NOTE: The liability insurance for the 4H shooting sports program only covers club meetings and shoots for**

**the 4H club. It does not cover participation in competitive shooting events in or out of the state. Individuals who are not registered 4H members or leaders are not permitted to participate in the 4H shooting program under any circumstances.**

#### Woodworking Programs and Construction Activities

Traditional 4-H woodworking projects recommended in the *4-H Wood Science Series* are within the educational mission of Cornell Cooperative Extension. Insurance coverage is in accordance with activities and recommendations presented in the National 4-H Wood Science Series Leader's Guide. Cloverbuds are not a designated age group for the *4-H Wood Science Series*.

According to state and federal regulations, it is a violation for any child under 18 years of age to use power tools in any form of employment. While these laws were established to ensure the safety of children in the workplace, they also apply to volunteer activities that can be construed as work. An Extension Association involving youths (18 and under) in long-term projects (e.g., construction of pole barns, concession stands) could be a violation of the intent of the law.

#### Youth Apprenticeship/School-to-Work Programs

These activities are covered by the Association's liability insurance, however, the following risk management issues should be considered:

#### Transportation – see section on vehicle insurance.

If the Association uses an Association vehicle to transport youth to their apprenticeship activity, the Association's automobile insurance will apply in the event of an accident. Otherwise, the party responsible for transportation is also liable in case of an accident. Some programs have students sign an agreement at the beginning stating they are responsible for their own transportation. **15 passenger vans are not permitted and even 15 passenger vans that have had the back seat removed must be phased out.** If a trip is going to exceed 100 miles one way and/or for overnight there must be two approved drivers for each vehicle in case one driver becomes ill or incapacitated.

#### Volunteer Auto Insurance - see section on vehicle insurance

All volunteers, and especially 4H Adult volunteers, who may drive 4Hers in their personal vehicles should be reminded that they should make sure that they are carrying adequate liability limits on their vehicles (i.e. not less than \$500,000) because their insurance is primary under state law in the case of an accident.

## Workers' Compensation

Workers compensation covering all paid staff is provided through the State Insurance Fund. If you have any questions about a potential claims or submitting a claim please contact the Wood Office.

## Student Interns

A student in the workplace as a volunteer for academic credit is, in effect, an extension of the school and as such is covered by the school. A student in the workplace as part of an Extension field trip is covered by the Association's liability coverage. **Student interns working for the Association and receiving academic credit are also covered by their school. The Association should obtain a certificate of insurance from the school and forward a copy of the certificate to The Wood Office. The Association is covered by the Association's general liability insurance for any work performed by the student intern for Extension. If you are contemplating using an intern contract The Wood Office before setting up the program.**

**CONFIDENTIALITY:** We are seeing an increase in programs and grants that involve both staff and volunteers accessing personal information on individuals of a confidential nature. It is recommended that in those instances that the staff and volunteers involved in such activities sign a Confidentiality Agreement as shown on the attachment section of this guide.

## HOW TO REPORT AN INCIDENT AND FILE A CLAIM:

**Purpose:** An "incident" is any event or accident in which a person or persons may be injured, or property damaged, and the outcome of the injury or damage could result in a liability claim against the Extension Association, Extension personnel, or a volunteer. If an incident occurs that may result in a claim or lawsuit, prompt notification is essential in order for the insurance company to respond quickly. Failure to notify the insurance company in a timely manner may result in loss of insurance protection. If you are not sure about reporting an incident, call The Wood Office. All volunteers should be properly trained to report incidents that happen at their events and activities.

**Reporting an Incident:** Prompt notice (within 24 hours of the incident) should be made to The Wood Office. If there is any doubt as to whether or not an incident should be reported, telephone The Wood Office (607-266-3303).

**At the time of the incident, the following information should be gathered while it is fresh in everyone's minds: Name, address, phone number of witnesses (VERY IMPORTANT) Name, address, phone number of person completing report**

### Summons and Notices of Claim

If a summons is served on any employee or volunteer as a result of an Extension Association activity, The Wood Office should be called immediately and the summons forwarded to The Wood Office. Because a defendant has only twenty (20) days to respond to the summons or be in danger of default, failure to act in a timely manner could force the insurance company to refuse to handle the claim.

### AUTOMOBILE INSURANCE: EXTENSION ASSOCIATION-OWNED VEHICLES:

Automobile insurance for Extension Association-owned vehicles provides the following: **Primary liability coverage for bodily injury or property damage, Comprehensive (fire, theft, glass, etc.) coverage [\$100 deductible] Collision coverage [\$250 deductible]; Mandatory supplemental uninsured motorist coverage, statutory “no fault” coverage.**

Coverage follows the vehicle and applies to any licensed driver using the vehicle with permission. Association-owned vehicles are not to be driven by anyone outside extension or by persons under the age of 21. Extension vans occupied by children are not to be driven by anyone under the age of 25 after October 1, 2007 until the driver has completed the NYS driver safety course and has their MVR checked to meet driver requirements.

They should also have vehicle familiarity training with the vehicle they will be driving. As a result of school district budget cuts very few young drivers have access to driver training courses in high school anymore. Thus more and more young drivers are on our highways with very little driving skills training. The incident of accidents for drivers (male and female) under the age of 25 is increasing steadily. The safety of young people in the care of Extension must be paramount, including their safety while being transported. It should be noted that many educational and other organizations do not permit anyone under 25 from driving vans. Please note that upon completion of the course the driver may be eligible for a discount on their personal auto insurance. 15 passenger vans are not permitted either as owned vehicles or rented vehicles. If the van is over 10 passengers the driver should have a CDL license. See comments later on.

## 4-H ACCIDENT INSURANCE

### WHAT IS COVERED

This insurance covers up to \$1,500 (no deductible) on an **excess basis** over the personal medical insurance of the parent/guardian for medical expenses resulting from an accident while participating in a 4-H event or activity anywhere in the U.S. or Canada (including club, regional, or state 4-H events). Benefits are limited to 52 weeks from date of accident. The following medical expenses are covered:

- physician
- surgeon
- dental (related to the accidents)
- hospital
- ambulance expenses

As stated, this coverage may act as excess coverage (i.e., a parent's personal medical insurance coverage or Medicaid pays first for expenses incurred in a 4-H accident). Coverage is available over and above, or in the absence of, a parent's personal coverage.

Death and dismemberment provisions:

\$2,000 for loss of life or any two limbs or eyes

\$1,000 for loss of one limb or eye

### WHAT IS NOT COVERED

- any injury from an accident incurred at resident summer camps (separate insurance must be purchased for resident summer camps)
- illness arising from 4-H activities
- eyeglass replacement or repair
- denture replacement or repair
- hernia
- claims covered by Medicare or Medicaid
- injuries covered by any statutory no fault auto insurance
- injuries from tobogganing, downhill skiing, bobsledding, hockey, water skiing, snow boarding, or tubing

## **WHO IS COVERED:**

- 4-H Club members—individuals who are traditional club members
- Independent registered 4-H members
- Individuals enrolled as 4-H members with an Association 4-H office who receive project materials and/or instruction, but who do not belong to an organized club
- Cloverbuds—registration on the annual report is required and Cloverbud guidelines issued by the State 4-H Office (2003) are followed
- Registered adult 4-H volunteer club leaders—registration on the annual report is required. Other registered Adult Volunteers may be covered if the Association elects to purchase this coverage.
- Special interest members—individuals enrolled in short term, intensive learning experiences, such as bicycle safety, snowmobile, tractor classes, and shooting sports programs. This coverage is optional. Associations must register special interest programs and membership enrollment on the annual report for special interest coverage.
- Other non 4-H youth groups in CCE programs provided the local Association registers the group with the Wood Office and pays the premium.

## **WHO IS NOT COVERED:**

- Children of 4-H leaders (unless they are 4-H members)
- Children left with baby sitters while parents participate in 4-H programs
- Adult volunteers who are not registered 4H volunteer club leaders unless the local Association opts into this coverage and pays a premium.
- Volunteers serving on boards and committees (unless they are registered 4-H volunteer club leaders)
- Youth participants (non 4H) in other Extension programs unless specifically requested by the Association.
- ⇒ NOTE: In regards to open horse shows, 4-H accident insurance covers 4-H members and registered volunteer leaders; all other participants do not have 4-H accident insurance coverage.
- PREMIUM RATES: The premium for 4-H Accident Insurance is determined based on the enrollment for the previous program year (October 1 - September 30) and reported in the ES-237. 4-H Clubs and Special Interest groups that are organized after November 1 are automatically covered by 4-H Accident Insurance, with no additional charge to the current year's insurance cost.

## HOW TO REPORT A 4-H ACCIDENT CLAIM

The 4-H program/issue leader or executive director should make a telephone report within 24 hours of an accident to The Wood Office (607-266-3303). This must be done even if the injured individual has personal medical insurance.

⇒ NOTE: The Wood Office's answering service is in operation 24 hours a day, 7 days a week.

A claim form (see Attachment VIII) will be sent to the Association to be completed and returned to The Wood Office after all three parts of the form are completed. The form will need to be signed by both the executive director or designee and the parent or guardian, and completed by the first attending physician, if applicable.

Submit the completed claim forms within 20 days of the accident, or loss of benefits may occur.

*If an individual is injured but does not receive medical attention/treatment, the Association should complete an Accident/Incident Report Form (see Attachment IX) and forward it to The Wood Office for their records.*

## **BACKGROUND CHECKS**

Implementation of the new Volunteer Involvement Policy (VIP) and some local Association personnel policies involves background checks. Since it is not always practical from an economic or logistical standpoint for each Association to set up such a system The Wood Office has made arrangements with an approved Vendor to do background checks. If your Association is interested in utilizing this process please contact The Wood Office. There are other sources as well for background checking. **All background, MVR and reference checks on new hires should be completed before the person is put on payroll to avoid conflicts if problems arise.**

### **Cornell Cooperative Extension Youth Protection**

*When youth participate in Cornell Cooperative Extension programs including, but not limited to 4-H club or Youth EFNEP activities, staff and volunteers are responsible for maintaining a safe and nurturing environment. In addition, since Cornell Cooperative Extension is committed to the support of children and families, staff and volunteers must also be alert to the signs of child abuse, maltreatment or neglect and be prepared to report suspicions of such abuse, whether or not they are legally mandated to do so. However, non-mandated reports should be made **only** through use of the anonymous reporting hotline to protect CCE from libel claims (See section "Reporting Child Abuse, Maltreatment and Neglect" below*

*The **protection of youth participants** requires adherence to three major sets of procedures:*

1. **Selection of employees and volunteers** who can be trusted to treat youth in nurturing ways and to model positive behavior. See section "**Staff Selection and Screening**" in **Understanding Child Abuse: Guidelines for Camp Directors**, CCE publication 321 HDFS 37 and section "Select Competent Volunteers" under **Implementation Procedures and Guidelines of the Cornell Cooperative Extension Volunteer Involvement Policy**.
2. **Accident prevention:** See section "Other Areas Pertaining to the General Liability Program" in Financial Operations Resource Manual (F.O.R.M.) **Code 1501** and section "Safety and Risk Management" in **4-H Policies and Guidelines Reporting and safeguarding against child abuse, maltreatment and neglect:** CCE staff and volunteers should receive training on how to recognize, report and properly respond to any instances of, or suspicions of child abuse, maltreatment or neglect. Instruction should also emphasize the precautions needed to minimize the potential for child abuse during 4-H activities and to protect Extension staff and volunteers from false accusations of abuse. This information should also be included in staff manuals and 4-H volunteer orientation handbooks.

**... Reporting Child Abuse, Maltreatment and Neglect**

Related item from Code of Conduct

- report any and all accidents, physical or verbal abuse or unsafe conditions that threaten the emotional or physical well-being of program participants, other volunteers or myself to the professional Extension staff as soon as possible.

SUMMARY

This guide has been established to assist Executive Directors and staff in carrying out their duties and responsibilities to the Extension Association. It simply isn't possible to cover every situation because of the wide range of programs and activities in the Extension Association system. This guide should be shared with appropriate staff. At the end of this guide is a section called "ATTACHMENTS" with resource material to go with the guide. These Attachments are for advisory purposes and should be reviewed with The Wood Office for appropriate use. Any reference to the Guide to Risk Management and Insurance policies of the Associations that are in the Volunteer Involvement Policy (VIP) or 4-H Program and Cloverbud guides should reference the latest Edition of the Guide.

If you have any questions concerning this guide please contact The Wood Office (607) 266-3303.

**Please see the "Attachment Section".**

## ATTACHMENT SECTION

This section of F.O.R.M Code 1501 is a resource section of various information and forms to supplement the risk management & insurance information in F.O.R.M.

Included in this section are a list of activities that have been reviewed and approved and a list of activities that have been reviewed and are not approved. If an activity is on the “not approved’ list it means that the activity is one that is one that cannot be adequately controlled for risk and insurance purposes. If you are considering an activity that does not appear on either list please contact The Wood Office at the very inception of the planning process for a risk and insurance review of the activity. **Under no circumstances assume that an activity that is not on the list that is being conducted in another Association is okay. If it is not on either list it most likely was not sent in for review.**

Also included in this list are the following reference documents and other information not necessarily in this order:

Contract Approval or Certificate of Insurance Request Form (use most current version)

1. The Motor Vehicle Record (MVR) grading system that is used to grade a person’s driving record. This system is basically the one used by a majority of insurance companies to evaluate a persons driving record.
2. The MVR Request form for obtaining a person’s driving record.
3. The Acknowledgement of Risk Form to be used for participants in activities that carry a certain amount of risk.
4. The Acknowledgment of Risk Form for Cloverbuds when they will be participating in any equine program. This is a mandatory form for participation.
5. Acknowledgment of Risk form Open Horse Shows – non 4H Youth
6. Acknowledgement of Risk & Release Form Open Horse shows – Adults
7. 4H Animal Lease Form
8. Acknowledgement of Risk – Physical Fitness programs
9. A specimen Confidentiality Agreement form for employees who may be working with sensitive information.
10. A specimen Confidentiality Agreement form for volunteers who may be working with sensitive information.
11. A specimen Confidentiality Agreement for participants.
12. A specimen Use of Facilities Form for outside groups or organizations that want to use Association property. This information may be incorporated into your own forms but the final draft should be reviewed by The Wood Office.
13. The Use of Facilities Form that is to be used with Cornell University if they are using Association facilities for any purpose.
14. A specimen Publicity Release Form that is to be used when you are going to use any picture in any form of a person for any reason.

15. The Adopt-A-Stream form.
16. The Incident Report Form is to be used **any time a person is injured.**
17. The specimen Hold Harmless and Insurance Addendum to be used with outside Vendors that does not include any construction or building trades services.
18. The specimen Hold Harmless and Insurance Addendum to be used with contractors and building trade services such as electricians, carpenters, plumbers, etc. For any substantial renovation or new construction contact The Wood Office.
19. The Individual Independent Contractor Form for use with instructors, etc.
20. The Individual Independent Contractor Form for judges.
21. Guidelines for use of outside horse facility
22. Cornell Cooperative Extension Permission Slip and Medical Release Form

\* some of these forms are not included in this edited version of of F.O.R.M. code 1501, for the complete appendix please visit:

[http://www.staff.cce.cornell.edu/cce\\_library/manuals/FORM/pdf/Code1500/1501.pdf](http://www.staff.cce.cornell.edu/cce_library/manuals/FORM/pdf/Code1500/1501.pdf)

**ACKNOWLEDGMENT OF RISK FORM**

**(THIS FORM MUST BE COMPLETED TO PARTICIPATE. CLOVERBUDS THAT WISH TO PARTICIPATE IN EQUINE OR OTHER ANIMAL PROGRAMS MUST COMPLETE THE APPROPRIATE FORM IN THE ATTACHMENT SECTION)**

I hereby apply for my child to participate in the activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

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

My child is in good health and is at or above the minimum age of \_\_\_\_\_ required to participate in this activity and is able to participate in any strenuous physical activity associate therewith.

*Cornell Cooperative Extension of \_\_\_\_\_ County*

ACTIVITY:

DATE(S):

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AN ACCEPT THE RISKS INVOLVED.

**This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child’s participation in the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located.**

**I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.**

**PARTICIPANT’S NAME (print)** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT GUARDIAN NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**4-H CLOVERBUD ACKNOWLEDGMENT OF RISK FORM  
(THIS FORM MUST BE COMPLETED TO PARTICIPATE)**

I hereby apply for my child to participate in the 4-H CLOVERBUD activities to be conducted by Cornell Cooperative Extension Association of:

County and acknowledge as follows:

ACTIVITY: EQUINE PROGRAM OR OTHER ANIMAL PROGRAM

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

My child is in good health and is at or above the minimum age of FIVE (5) required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

**I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO ALLOW MY CHILD TO PARTICIPATE IN THE INDICATED ACTIVITY. ACCEPTANCE OF MY CHILD INTO THE ACTIVITY AND CONTINUATION OF MY CHILD IN THE PROGRAM IS SOLELY UP TO DISCRETION OF THE COUNTY EXTENSION 4-H PROGRAM STAFF.**

**This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity that require court action shall be venued in the Supreme Court of the State of New York of County where the Association is located.**

**I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.**

**PARTICIPANT'S NAME (print)** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# ACKNOWLEDGMENT OF RISK FORM -HORSE SHOW - YOUTH

(THIS FORM MUST BE COMPLETED FOR YOUTHS UNDER 18 THAT WISH TO PARTICIPATE IN THE HORSE SHOW)

I hereby apply for my child to participate in the horse show indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

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

My child is in good health and is at or above the minimum age of \_\_\_\_\_ required to participate in this activity and is able to participate in any strenuous physical activity associate therewith.

*Cornell Cooperative Extension of* \_\_\_\_\_

*County*

NAME OF HORSE SHOW: \_\_\_\_\_

LOCATION OF SHOW: \_\_\_\_\_

DATE(S): \_\_\_\_\_

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN THE HORSE SHOW AND I UNDERSTAND AN ACCEPT THE RISKS INVOLVED.

**This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located.**

**I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.**

PARTICIPANT'S NAME (print) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT GUARDIAN NAME: \_\_\_\_\_

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

NOTE: This form must be kept in CCE Association files for 14 years if youngest participant is 8 or 18 years if participant is Cloverbud.

**ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE HORSE - ADULT**

**(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS 18 YEARS & OLDER)**

I, \_\_\_\_\_ the undersigned hereby apply to participate in the HORSE SHOW to be conducted in cooperation with Cornell Cooperative Extension Association of \_\_\_\_\_ County and 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 am in good health and I am at or above the minimum age of 18 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 HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE INSTRUCTOR, THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AND ACCEPT ALL THE RISKS INVOLVED.

DATE OF SHOW: \_\_\_\_\_

LOCATION OF SHOW: \_\_\_\_\_

**PARTICIPANT'S FULL NAME (print)** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**(MUST BE CCE EMPLOYEE OR 4-H VOLUNTEER)**

This form must be kept in CCE Association files for seven (7) years from date of show.

**ANIMAL LEASE AGREEMENT**

PAGE 1 OF 2

This animal lease agreement is entered into between the parties indicated herein and subject to all the terms and conditions set forth herein:

LESSOR/OWNER:

ADDRESS:

And:

LESSEE:

ADDRESS:

TYPE OF ANIMAL:

DATE ANIMAL BORN:

DESCRIPTION OF ANIMAL:

SEX:

Name of Sire:

Name of Dam

Registry/Breed:

Reg. No.:

Tattoos: Left Ear:

Right Ear:

DECLARED VALUE OF THE ANIMAL:

TERM OF LEASE" \_\_\_\_\_, 2004, TO \_\_\_\_\_,

I. Responsibilities and representations of the Lessor/Owner.

1. The undersigned Lessor/Owner represents that he/she is the lawful owner of the animal subject to this lease and has the authority to enter into this lease.
2. The Lessor/Owner represents that the animal is in good health.
3. The Lessor/Owner represents that the animal is of good disposition.
4. The Lessor/Owner understands that the Lessee is registered in the 4-H program in the Cornell Cooperative Extension of \_\_\_\_\_ County (Extension) and is leasing the animal in part to participate in the 4-H Youth Development animal program including, but not limited to, showing the animal in sanctioned 4-H events.
5. The Lessor/owner agrees to furnish in a timely manner such documents that are necessary for signing the animal up for the program or shows including:
  - i. Registration papers
  - ii. Current health papers
  - iii. Proof of any required immunizations

II. Responsibilities and representations of the Lessee.

1. The Lessee agrees to provide appropriate feed and care for the animal in accordance with details to be worked out with the Lessor/Owner.
2. The Lessee agrees to return the animal to the Lessor/Owner within five (5) days of the expiration of the lease unless other arrangements are made with the written consent of the Lessor/Owner.

III. Responsibilities and representations of both parties.

1. Both parties agree that Extension, its officers, directors, employees and volunteers are not parties to this agreement and both Lessor/Owner and Lessee agree that they have no recourse against any or all of them for any issues whatsoever regarding this lease or injury or damage to the animal regardless of the cause of such injury or damage.
2. The responsibility for any medical care or treatment required by the animal shall be the responsibility of the (a) Lessor/Owner \_\_\_\_; (b) Lessee \_\_\_\_.

3. The Lessee shall not be responsible for the illness or death of the animal unless such illness or death is the direct result of gross negligence on the part of the Lessee. In any case the total liability of the Lessee in such instance shall be the value of the animal declared in this lease.
4. This lease represents the entire agreement between the parties and can only be amended or modified by written agreement signed by both parties.
5. This lease may be extended for one year under the same terms and conditions if the Lessee gives the Lessor/Owner sixty (60) days notice in writing, provided that however, the Lessor/Owner may terminate the lease by giving the Lessee return written notice of said termination within ten (10) days of receipt of the notice of Lessee's desire to extend the lease.

This lease is entered into on this \_\_\_\_\_ day of \_\_\_\_\_

LESSOR/OWNER

LESSEE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

PARENT/GUARDIAN

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

**ACKNOWLEDGMENT OF RISK & WAIVER& RELEASE: PHYSICAL FITNESS**

**(THIS FORM MUST BE COMPLETED IN DUPLICATE TO PARTICIPATE. IN ANY OF THE PHYSICAL FITNESS PROGRAMS)**

I, \_\_\_\_\_ the undersigned hereby apply to participate in the PHYSICAL FITNESS TRAINING PROGRAMS to be conducted in cooperation with Cornell Cooperative Extension Association of \_\_\_\_\_ County and 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 am in good health, I have consulted with my medical provider about participating in this program and I am at or above the minimum age of 21 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 \_\_\_\_\_ County the choice of which shall be at the sole discretion of CCE of \_\_\_\_\_ County.**

I HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE INSTRUCTOR, THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AN ACCEPT ALL THE RISKS INVOLVED.

**PARTICIPANT’S FULL NAME (print)** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**(MUST BE CCE EMPLOYEE)**

**DRIVERS LICENSE NUMBER AGE VERIFICATION:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**INSTRUCTIONS: Each participant must complete this form in duplicate original to register for any of the PHYSICAL FITNESS training education programs. There are no exceptions.**

(Continued next page)

INSTRUCTOR VERIFICATION FOR INDIVIDUALS WHO CANNOT READ THE FORM.

**I, the undersigned, verify that I am the instructor for this course, that the participant asked me to read this document to him/her, that I read the entire document to the participant and the participant acknowledged to me that he/her understood the terms and conditions stated herein. The participant signed the document in my presence after I read the document.**

---

INSTRUCTOR NAME

---

INSTRUCTOR SIGNATURE

**PUBLICITY RELEASE FORM**

I, the undersigned, hereby

A. Do consent and authorize, or

B. Do Not consent and authorize,

**(Circle One of Underlined Statements Above)**

The Use or Reproduction, by Cornell Cooperative Extension of \_\_\_\_\_ County, of any and all photographs, slides, films, digital images, sketches and any other audiovisual materials taken of my son/my daughter/my ward and/or me taken during any authorized Cooperative Extension event or activity for publicity, advertising, promotional printed material, educational activities, exhibitions or any other use for the benefit of Cornell Cooperative Extension programs.

By not consenting or authorizing, I understand my involvement in Cornell Cooperative Extension programs is not jeopardized in any way.

If this release agreement is being signed for a child/ward I certify that I am the Parent/Guardian authorized to sign this release.

Name of Child/Ward: \_\_\_\_\_  
PRINT NAME

Name of Parent/Guardian: \_\_\_\_\_  
PRINT NAME

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent of Guardian

**Adopt-A-Stream Agreement**

Permission to enter on the property of \_\_\_\_\_ (Owner), located at  
*name of owner*

\_\_\_\_\_ is herewith given to

the \_\_\_\_\_ of:  
*name of 4-H club*

Cornell Cooperative Extension of \_\_\_\_\_ County, (Permittee).  
The 4-H club is entering the property for the purpose of cleaning and maintaining the stream quality  
as a civic project.

This permit is valid for the period of \_\_\_\_\_ to \_\_\_\_\_  
and may be revoked at any time by the undersigned Owner. A copy of this permit must be  
carried by the adult leader indicated below and presented upon request of the Owner or police  
authority when the group is on the property.

Permittee will respect the property and the rights and safety of others, will leave no litter  
and will leave the property in good condition. The undersigned agrees to hold harmless and  
indemnify the Owner from and against any injury to persons arising out of any act or omission  
on the part of the Permittee, its employees or volunteer leaders. If requested, the Permittee shall  
provide the Owner with a Certificate of Insurance for General Liability showing a minimum  
Limit of  
\$1,000,000 per occurrence.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

Cornell Cooperative Extension \_\_\_\_\_  
Association of \_\_\_\_\_ County Property Owner

BY: \_\_\_\_\_  
Permittee Signature Property Owner Signature  
(Executive Director or  
Association President)

Leader: \_\_\_\_\_  
Print Name

# COOPERATIVE EXTENSION ACCIDENT/INCIDENT REPORT

(Use this form to report accidents/incidents involving employees, volunteers, 4-H'ers or the general public.)

## Page 1 of 2

This form must be completed whenever there is an accident or incident. Complete this report within 24 hours of the accident/incident. The original should be kept in the association's files and copies sent to Extension Administration Financial, Human & Administrative Resources and to: **THE WOOD OFFICE, P.O. Box 4798, Ithaca, NY 14852 607-266-3303 FAX COPY IMMEDIATELY TO: 607-266-9663**

For employee accident/incidents, complete a C-2 and mail it to The Wood Office even if there is no lost time from work or medical expenses at the time.

*For accidents/incidents involving a 4-H'er in which s/he received medical attention, complete a 4-H Accident Insurance Form. The 4-H program/issue leader or executive director should make a **telephone** report within 24 hours of an accident to The Wood Office (607-266-3303). This must be done even if the injured individual has personal medical insurance. The Wood Office's answering service is in operation 24 hours a day, 7 days a week.*

### 1. Extension Information

County \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Person to contact \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 2. Injured Person Information

\_\_\_\_ Employee \_\_\_\_ Volunteer \_\_\_\_ 4-H'er \_\_\_\_ General public (check appropriate)

Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

### 3. The Accident

Date \_\_\_\_\_ Time \_\_\_\_\_

Describe the accident. Include the location of the accident \_\_\_\_\_

\_\_\_\_\_

Nature of injuries \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. Treatment

Emergency steps taken at scene in order of occurrence or treatment:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**5. VERY IMPORTANT**

Witness Information: Names, addresses, phone numbers of all witnesses

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If more space is need please writer below or attach additional sheet(s).

Signatures:

Signature of injured person: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person filing report: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

**ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE - ADULT**  
**(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS 18 YEARS & OLDER)**

I, \_\_\_\_\_ the undersigned hereby apply to participate in the program described below to be conducted in cooperation with Cornell Cooperative Extension Association of \_\_\_\_\_ County and 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 am in good health and **I am at or above the minimum age of 18** 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 HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE INSTRUCTOR, THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AND ACCEPT ALL THE RISKS INVOLVED.

DATE(S) OF PROGRAM: \_\_\_\_\_

DESCRIPTION OF PROGRAM: \_\_\_\_\_

PARTICIPANT'S FULL NAME (print) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

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

(MUST BE CCE EMPLOYEE)

This form must be kept in CCE Association files for seven (7) years from date of show.

**ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE ADULT VOLUNTEER**

**(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS 18 YEARS & OLDER)**

I, \_\_\_\_\_ the undersigned hereby apply to do the following described volunteer work on property or facilities owned, leased or used by Cornell Cooperative Extension Association of \_\_\_\_\_ County and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the described 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 am in good health and I am at or above the minimum age of 18 required to participate in this activity and I am able to participate in any strenuous physical activity associated therewith.

I understand that Cornell Cooperative Extension Association does not carry any accident or health insurance of any kind to cover any injuries or illness I may sustain as a result of any work or services I may perform.

**I herewith release, forever discharge and waive any right of recovery or subrogation against Cornell Cooperative Extension, its officers, directors, employees and other 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 HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW, OR THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AN ACCEPT ALL THE RISKS INVOLVED.

WORK OR SERVICES: \_\_\_\_\_

VOLUNTEER'S FULL NAME (print) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

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

(MUST BE CCE EMPLOYEE)

This form must be kept in CCE Association files for seven (7) years from date of work or services.

*Cornell Cooperative Extension*  
**Permission Slip and Medical Release Form**

**Please print:**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

Activity \_\_\_\_\_ Date(s) \_\_\_\_\_ Location(s) \_\_\_\_\_

Activity Director \_\_\_\_\_

Medical History

*Check any and all that apply to your child:*

**Illnesses**

*Ear Infections* \_\_\_\_\_

*Rheumatic Fever* \_\_\_\_\_

Convulsions \_\_\_\_\_

Diabetes \_\_\_\_\_

Other (specify) \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_

**Allergies**

*Hay Fever* \_\_\_\_\_

*Insect Stings* \_\_\_\_\_

Ivy Poisonings \_\_\_\_\_

Penicillin \_\_\_\_\_

Other (specify) \_\_\_\_\_

Current prescribed medication (specify) \_\_\_\_\_

On the back of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program \_\_\_\_\_

Identification/Policy # \_\_\_\_\_

Family Physician's Name and Phone Number \_\_\_\_\_

***Permissions Granted***

1. I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.
2. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.
3. I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking.
4. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Parent or Guardian*

Cornell Cooperative Extension is an equal program provider. Participants needing accommodations under the Americans with Disabilities Act should contact the director of the activity.

C

## APPROVED ACTIVITIES

Ad booklets  
Animal photo shoots  
Bands with Wood Office contract approval  
Bake Sales  
Batton twirling  
Cake Walks  
Car Washes  
Carnivals -backyard  
Craft items  
Christmas tree sales  
Chicken Barbecues with adult supervision  
Cloverbud horse program subject to **mandatory** 2003 Cloverbud guidelines  
Corn maze with clear paths, supervised  
Covered dishsdinners for 4H & families  
Dances-supervised  
DJ's with contract approval through Wood Office  
Face painting (hypoallergenic paint only)  
Food Coupon Sales - contract submission  
Food Sales & dinners prepared and sold at site by 4H leaders and members  
4-H marching &/or riding in parades  
Garage Sales  
Garden maintenance - no power tools  
Halloween festival - no haunted houses  
Hay maze - same as corn  
Hayrides - adult chaperone & control  
Horse - open clinic - no participants under 8 riding and handling horses  
Horse - open shows - no participants under 8- and subject to guidelines for Open Shows  
Horse - open trail ride - no participants under 8  
Horse judges booklet \*  
Jail fund-raiser (people raise bail for release)  
Kiddy pedal tractor pull  
Livestock sales (4H only) see guidelines  
Manure sales  
Milking - 18 & older  
Miniature golf tournament  
Model show  
Newspaper/magazine subscription  
Open mike karaoke - see DJ guidelines  
Pet shows under supervision of adult leader at all times  
Petting zoos - no donkeys, oxen, geese, lamas- all animals attended at all times and following sanitation guidelines  
Pie baking in controlled commercial kitchen under adult supervision  
Plant/flower sales  
Pony rides - ponies on lead line, competent handler, fenced from public, parent/guardian must walk beside /control anyone under 5.  
Pony ride pictures - same as above  
Prepackaged food sales - commercially prepared packaged foods only  
Prepackaged products sales - commercially packaged only  
Public auction  
Recycling collections (cans, bottles, paper, non-toxic items only)  
Rub on tattoos  
Save-A-Label  
Save-A-Tape  
Shooting sports with approved guidelines in club setting only  
Dogs in nursing homes - well trained & screened dogs  
Tack sale/swap  
Talent show  
Animal shelter - 4H help in  
Open dog obedience class/open dog trials/obstacles adult supervision at all times - no pit bulls or other aggressive dogs  
"Thons" (bike-athon, walk-athon, dance-athon, bowl-athon, skate-athon)  
Trail rides  
Wrapping gifts  
Yard & garage sales

\*Disclaimer required- "This booklet is for information purposes only and does not constitute any endorsement by judges or 4H"

## PROHIBITED ACTIVITIES

Air pistol booths  
Allan C. Hill or similar productions  
Alcoholic beverage sales, auctions /fund raising events where any kind of charge or remuneration is made including tickets or tasting  
American Family Day  
Amusements rides  
Aircraft- any kind  
ATV Activities (Approved ATV Safety courses, other than DMV Certification, cleared through Wood Office okay)  
Baby sitting except at Extension sponsored program\*\*  
Backyard slippery slides  
Bee clubs  
Bungee jumping and similar events  
Bobby K or similar events unless cleared though Wood Office  
Carnivals  
Caving - spelunking  
Demolition derbies  
Dog Dips  
Dog washes  
Down hill skiing, tubing, etc. except at a commercial ski resort or facility  
Dunking booths  
Flea markets  
Farmers markets - sponsorship or administration by CCE not permitted  
Forestry events - chainsaw, logging, etc.  
Fourwheeling, ATV's  
Fresh food distribution events or programs including sales of slaughtered animals such as capons, rabbits, beef, pigs  
Greased pig, greased pole or similar events  
Haunted houses  
Horse - racing events (where more than 1 horse competes)  
Horse - polo  
Horse - training where fee is charged. Leaders charging for services or training must provide proof of own liability insurance and be approved by Wood Office  
Horse Shows - Open - that do not follow established 4-H guidelines for Open Horse Shows  
Inflatable bounce type events  
Kiss -A-Pig or other animal events  
Martial arts  
Milk auctions - including sale of non processed/raw milk  
Motor Cross events  
Motorcycle events  
Mountain biking -severe terrain or obstacle course  
Mountain climbing/repelling  
Paint ball shooting of any kind  
Parade seating or setup or sales  
Parking cars  
Power boats - any kind incl. PWC  
Rabies clinics run by CCE  
Recycling Center operation  
Rodeos including calf roping or cutting  
Ropes Courses - except if preapproved each time by Wood Office  
Scuba diving  
Shooting sports - events outside the approved Shooting Sports club setting\*\*\*  
Skateboarding  
Snowboarding, Snow tubing except at commercial facility not under direction of CCE -SEE SECTION ON WAIVERS  
Snowmobiling  
Store compliance checks for anti-tobacco  
Truck or tractor pulls  
Tunnel maze or similar events  
Water balloons - any kind  
Water skiing or tubing  
Water slides except at commercial facility not under control of CCE -SEE SECTION ON WAIVERS  
Whitewater rafting unless commercial operation -SEE SECTION ON WAIVERS AND RELEASES  
Welding clubs  
Woodworking clubs except under National 4H guidelines  
**Youths under age 8 participating in events with horses or large animals except as provided for in the 2003 Cloverbud Guidelines.**

**\*\* Must be 14 or older. \*\*\* No participants in club shoots other than registered 4H**

**HORSE SHOW REPORTING FORM**

**Must be submitted at the beginning of each program year.**

**INSTRUCTIONS:** For insurance purposes all horse shows must be reported to the Wood Office prior to the show. This includes both 4-H only shows and 4-H Open shows, and there are no exceptions. If your Association has the schedule of shows for this show season all shows can be reported at once. If it is a Regional or district horse show the staff person in charge of the Regional or District show should make the report. It is important to note that all horse shows must be preapproved by the local Extension Association. 4-H club leaders and horse committees cannot free lance it and hold shows of any kind without the Extension Association approval. This form must be completed by a CCE staff person. If your Association does not have any horse shows please indicate. If you have more shows than can be completed on this sheet use a 2<sup>nd</sup> form.

Show date	Local, regional, district	4-H Only	Open show	Staff person in charge

DATE FORM COMPLETED: \_\_\_\_\_  
 REPORT FOR CCE OF \_\_\_\_\_ COUNTY

STAFF PERSON  
 COMPLETING FORM: \_\_\_\_\_ Signature: \_\_\_\_\_

This show report must be sent to P. W. Wood & Son, Inc., PO Box 4798, Ithaca, NY 14852 before the date of the show(s). If you have any questions please call our office.

**NOTE:** Non-4H youths under the age of 18 cannot participate in bareback, jumping or gymkhana events. Cloverbuds can only participate in events that follow the new horse guidelines for Clover buds. All participants must sign the appropriate waiver form to participate and all participants must wear headgear that meets the requirements set by the State 4-H office.

F.O.R.M. CODE 1501

## GUIDELINES FOR USE OF HORSE FACILITY

There are occasions when Extension and 4-H use facilities owned by others for horse activities. To facilitate the process please refer to these guidelines. If you have any questions please call The Wood Office for assistance or clarification.

These guidelines apply to any Extension or 4-H horse group using a facility for horses that is not owned or leased under contract by Extension. This applies to 4-H clubs using the facility for regular meetings, shows or other events. There is no exemption if the facility is owned by a 4-H horse leader.

1. The facility must show proof in the form of a Certificate of Insurance from their insurance agent/broker that it has commercial general liability covering its premises liability and if horses are going to be used by the 4-H there must be additional proof that the facility has liability coverage for the horses **including for any injury to participants**. The commercial general liability insurance covering Extension and 4-H does not provide any premises liability for outside property owners including but not limited to homeowners, farm owners, stables, fairgrounds, etc.. The commercial general liability policy covering Extension and 4-H does not cover any owner of a horse for liability for the horse including Extension employees, volunteers, 4-H members, parents/guardians, stables, etc. The Certificate of Insurance must be an original and should contain the following information:
  - Cornell Cooperative Extension of \_\_\_\_\_ County as the Certificate Holder.
  - The insured name of the owner of the property.
  - Limits of \$1,000,000 per occurrence
  - In the "Description" section the words "No exclusions for participants/riders" if their horses are going to be used.
  - A copy of the Certificate must be sent to P. W. Wood & Son, PO Box 4798, Ithaca, NY 14852.
  
2. In turn, we will issue to the owner of the facility a Certificate of Insurance showing that Extension and 4-H are covered for commercial general liability in the amount of \$1,000,000 per occurrence for the activities they are conducting on the property.

F.O.R.M. CODE 1501

\*this version edited to include only information most relevant to 4-H risk management. For the full Cooperative Extension F.O.R.M. Code 1501 please visit:

[http://www.staff.cce.cornell.edu/cce\\_library/manuals/FORM/pdf/Code1500/1501.pdf](http://www.staff.cce.cornell.edu/cce_library/manuals/FORM/pdf/Code1500/1501.pdf)