**North Country Jr. Iron Chef**

**Student Permission/Release Form**

**This form must be completed by the parent/guardian of each student who wishes to participate in North Country Jr. Iron Chef on March 28, 2026.**

**Student Name:** Click here to enter text. **Student Grade:** Click here to enter text.

**School/Organization Name:** Click here to enter text.**:** **Team Name:** Click here to enter text.

**Team Coach Name:** Click here to enter text.

**Mailing Address:** Click here to enter text.

**Phone Number:** Click here to enter text. **Email:** Click here to enter text.

**Parent/Guardian Name(s):** Click here to enter text.

**Parent/Guardian Phone Number(s):** Click here to enter text.

Cornell Cooperative Extension of St. Lawrence County (CCE SLC), St. Lawrence-Lewis BOCES (BOCES), and all organizers of North Country Jr. Iron Chef will exercise reasonable judgment and care in the planning and operation of the event. I understand and agree that CCE SLC, BOCES, and any affiliated parties, will not be liable for injuries resulting from accidents or unanticipated occurrences beyond their control.

I understand and am aware that the Team Coach noted above is the responsible party for my child/ward at the event. In case of illness or accident, I request the organizers of the event and/or Team Coach to contact me. If I cannot be reached at the phone numbers provided, I authorize the organizers of North Country Jr. Iron Chef and/or Team Coach to seek emergency medical care or take other action they believe is necessary to protect the best interest of my child/ward. If my child/ward is taken for emergency medical treatment, I hereby authorize the attending physician to administer emergency treatment s/he believes is appropriate, and I agree to pay any resulting expenses.

I also understand that North Country Jr. Iron Chef is a public event which may be covered by the media. By signing this form, I consent and give permission to allow Cornell Cooperative Extension the right to use photos, videos, direct quotes, and/or audio clips that they have of my child/ward participating in Cornell Cooperative Extension programs or events and may be included in print materials. Further, by signing this consent and release form, I acknowledge that I understand and agree to the above request and conditions. I sign this form freely and without inducement.

**ACKNOWLEDGEMENT OF RISK**

I fully understand and acknowledge that there are inherent risks and dangers in my child’s participation in the above activities and my participation in said activities and use of any equipment related to such as 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 risks and dangers and I hereby accept these risks and dangers. My child is in good health and is at or above the minimum age of 8 required to participate in this activity and is able to participate in any strenuous physical activity.

**I have read the above form and my signature below demonstrates I have provided my consent for my child/ward to participate in North Country Jr. Iron Chef competition.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

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