MINOR'S ASSUMPTION OF RISK ACKNOWLEDGMENT

NAME OF EVENT		DATE	
LOCATIO	N		
EVENT(S) might occur	nined my parent's consent to participate in the ACTIVITIE and/or enter into restricted areas. I understand that I am assure during the EVENT ACTIVITIES and I state the following: Both my parents and I believe I am qualified to participate	ning all of the risks of personal injury which in the EVENT ACTIVITIES and/or enter	
	into restricted areas established in connection with the EVE and equipment and if, at any time, I feel anything to be unsparticipate further in the EVENT ACTIVITIES.		
2.	I understand that the EVENT ACTIVITIES MAY BE VER AND DANGERS OF MY BEING SERIOUSLY INJURED KILLED.		
3.	I know that these risks and dangers may be caused by my ow of others participating in the EVENT ACTIVITIES , the condition and layout of the premises and equipment, or the n responsible for conducting the EVENT ACTIVITIES .	rules of the EVENT ACTIVITIES, the	
	EAD THE ABOVE ASSUMPTION OF RISK ACKNOWLED D SIGN IT VOLUNTARILY.	GMENT, UNDERSTAND WHAT I HAVE	
	SIGNATURE OF MINOR PARTICIPANT	DATE	

AGE

PRINTED NAME OF MINOR PARTICIPANT