

Name of Event:	Date:
Location:	
I have obtained my parent's consent to participate in the ACTIVIT enter into restricted areas. I understand that I am assuming all of ACTIVITIES and I state the following:	• •
 Both my parents and I believe I am qualified to participate in the established in connection with the EVENT ACTIVITIES. I will in to be unsafe, I will immediately leave and refuse to participate f 	nspect the area and equipment and if, at any time, I feel anything
2. I understand that the EVENT ACTIVITIES MAY BE VERY DANG SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR	
3. I know that these risks and dangers may be caused by my own in the EVENT ACTIVITIES , the rules of the EVENT ACTIVITIE the negligence of others, including those persons responsible for	ES, the condition and layout of the premises and equipment, or
I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGMENT, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.	
(Signature of Minor Participant)	(Date)
(Printed Name of Minor Participant)	(Age)