MINOR'S ASSUMPTION OF RISK ACKNOWLEDGMENT

NAME OF EVENT		DATE	
LOCATIO	N		
EVENT(S)	ained my parent's consent to participate in the ACTIVITIES of and/or enter into restricted areas. I understand that I am assuming the EVENT ACTIVITIES and I state the following:		
1.	Both my parents and I believe I am qualified to participate in into restricted areas established in connection with the EVENT and equipment and if, at any time, I feel anything to be unsafe participate further in the EVENT ACTIVITIES.	ACTIVITIES. I will inspect the area	
2.	I understand that the EVENT ACTIVITIES MAY BE VERY I AND DANGERS OF MY BEING SERIOUSLY INJURED OR KILLED.		
3.	I know that these risks and dangers may be caused by my own of others participating in the EVENT ACTIVITIES , the ru condition and layout of the premises and equipment, or the negl responsible for conducting the EVENT ACTIVITIES .	les of the EVENT ACTIVITIES, the	
	EAD THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGN ID SIGN IT VOLUNTARILY.	MENT, UNDERSTAND WHAT I HAVE	
	SIGNATURE OF MINOR PARTICIPANT	DATE	

AGE

PRINTED NAME OF MINOR PARTICIPANT