

MINOR'S ASSUMPTION OF RISK ACKNOWLEDGMENT

Name of Event _____ Date _____

Location _____

I have obtained my parent's consent to participate in the ACTIVITIES conducted over the course of the above EVENT(S) and/or enter into restricted areas. I understand that I am assuming all of the risks of personal injury which might occur during the EVENT ACTIVITIES and I state the following:

1. Both my parents and I believe I am qualified to participate in the EVENT ACTIVITIES and/or enter into restricted areas established in connection with the EVENT ACTIVITIES. I will inspect the area and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the EVENT ACTIVITIES.
2. I understand that the EVENT ACTIVITIES MAY BE VERY DANGEROUS AND INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.
3. I know that these risks and dangers may be caused by my own actions or inaction, the action or inactions of others participating in the EVENT ACTIVITIES, the rules of the EVENT ACTIVITIES, the condition and layout of the premises and equipment, or the negligence of others, including those persons responsible for conducting the EVENT ACTIVITIES.

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 _____