

MINOR'S ASSUMPTION OF RISK ACKNOWLEDGEMENT

CHARTER NAME, LOCATION, AND SANCTION

EVENT DATE

I HAVE OBTAINED MY PARENT/LEGAL GUARDIAN'S CONSENT TO PARTICIPATE IN THE ABOVE EVENT(S). I UNDERSTAND THAT I AM ASSUMING ALL OF THE RISKS IF I GET HURT DURING THE EVENT(S) AND I STATE THE FOLLOWING:

1. MY PARENT/LEGAL GUARDIAN AND I BELIEVE I AM QUALIFIED TO PARTICIPATE IN THE EVENT(S). I WILL INSPECT THE PREMISES AND EQUIPMENT AND IF, AT ANYTIME, I FEEL ANYTHING TO BE UNSAFE, I WILL IMMEDIATELY LEAVE AND REFUSE TO PARTICIPATE FURTHER IN THE EVENT(S).
2. I UNDERSTAND THE ACTIVITIES OF THE EVENT ARE 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 CAUSE BY MY OWN ACTION OR INACTIONS, THE ACTION OR INACTION OF OTHERS PARTICIPATING IN THE EVENT(S), THE RULES OF THE EVENT(S) , THE CONDITION AND LAY OUT OF THE PREMISES AND EQUIPMENT, OR THE NEGLIGENCE OF OTHERS, INCLUDING THOSE PERSONS RESPONSIBLE FOR CONDUCTION THE EVENT(S).

I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGEMENT, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

PRINT NAME/SIGNATURE OF PARENT/GUARDIAN

DATE

PRINT NAME/SIGNATURE OF MINOR PARTICIPANT

AGE

WITNESS SIGNATURE

PRINTED NAME OF WITNESS