

Name of Event:	Date:
Location:	
	TIES conducted over the course of the above EVENT(S) and/or the risks of personal injury which might occur during the EVENT
Both my parents and I believe I am qualified to participate in the established in connection with the EVENT ACTIVITIES . I will to be unsafe, I will immediately leave and refuse to participate.	inspect 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	
	on actions or inaction, the action or inaction of others participating IES, the condition and layout of the premises and equipment, or for conducting the EVENT ACTIVITIES .
I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLE IT VOLUNTARILY.	EDGMENT, UNDERSTAND WHAT I HAVE READ, AND SIGN
(Signature of Minor Participant)	(Date)
(Printed Name of Minor Participant)	(Age)