

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	
9 ,	wn 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)