

MINOR'S ASSUMPTION OF RISK ACKNOWLEDGEMENT

ALL FTA EVENTS, ACTIVITIES AND/OR LOCATION FOR ALL 2012 DATES

I have obtained the consent of my parents/guardians 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 parents and I believe I am qualified to participate in the EVENT(S). I will inspect the premises, sections and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate in the EVENT(S).
2. My parents/guardians have explained to me and I understand that there are risks and dangers associated with participation in the EVENT(S) and admission within the ACTIVITIES area that could cause severe bodily injury, disability, and death.
3. My parents/guardians have explained to me and I understand that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the EVENT(S), the rules of the EVENT(S), the condition and layout of the premises, sections and equipment, or the negligence of others, including those persons responsible for conducting the EVENT(S).

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

Signature of Minor Participant

Date

Printed Name of Minor Participant

Age

Address

Signature of Witness (Parent/Guardian)

Printed Name of Witness

Subscribed and Sworn to Before me this _____ day of _____, 20____.

Signature of Notary Public

Printed Name of Notary Public

_____ County, State of _____ My Commission Expires: _____

Notarization applies to BOTH Pages

SEAL

