## ASSUMPTION OF RISK AGREEMENT **READ BEFORE SIGNING**

X Parent/Guardian Signature	Date	E	Emergency Phone Number(s	s)
FOR PARENTS/GUARDIANS OF PARTIC (UNDER AGE 18 AT TIME OF REGISTRAT This is to certify that I, as parent/guardian were lease as provided above of all the Release to indemnify and hold harmless the Release in these programs as provided above, EVE the fullest extent permitted by law.	TION) with legal responsibility to sees, and, for myself, m sees from any and all lia	for this participant y heirs, assigns, a bility incidents to	and next of kin, I release and my minor child's involvemen	d agree nt or participation
XParticipant's Signature	Age	1	Date	
I HAVE READ THIS RELEASE OF LIABILI' TERMS, UNDERSTAND THAT I HAVE GIV VOLUNTARILY WITHOUT ANY INDUCEMI	EN UP SUBSTANTIAL	OF RISK AGREI RIGHTS BY SIG	EMENT, FULLY UNDERSTA NING IT, AND SIGN IT FRE	AND ITS ELY AND
<ol> <li>I, for myself and on behalf of my heirs, a RELEASE, INDEMNIFY, AND HOLD HAI agents and/or employees, other participa used to conduct the event (RELEASEES any INJURY, DISABILITY OR DEATH I r NEGLIGENCE OF THE RELEASEES O</li> </ol>	RMLESS THE	ers, and, if applications, demands, los amage to person of	, its office able, owners and lessors of ses, and liability arising out or property, WHETHER ARIS	premises of or related to
<ol> <li>I willingly agree to comply with terms and my presence or participation, I will remove immediately.</li> </ol>	d conditions for particip ve myself from participa	ation. If I observe ation and bring su	any unusual significant haze the to the attention of the nea	ard during arest official
2. I KNOWINGLY AND FREELY ASSUME A FROM THE NEGLIGENCE OF THE REI	ALL SUCH RISKS, both LEASEES or others, an	n known and unkr d assume full res	own, EVEN IF ARISING ponsibility for my participation	on.
<ol> <li>The risk of injury from the activities invol- paralysis and death.</li> </ol>	ved in this program is s	ignificant, includir	ng the potential for permane	nt
In consideration of being allowed to particip acknowledge, appreciate, and agree that:	ate in any way in the p	rogram, related e	ents and activities, I the und	dersigned,
Participant Name:				
Organization Name/Named Insured (as sho	wn on policy/certificate):	770	TUBE RE	inta/