



UNDERSTANDING THE RISKS FORM

I understand that sports can be inherently dangerous activities and that there are genuine and real serious risks to anyone who engages in these activities.

I knowingly assume responsibility for any and all such risks and any and all resulting injuries. And I do hereby voluntarily choose to participate in this event in spite of the risks.

Furthermore, I attest that I am physically fit and have sufficiently trained for this event. I do not have any medical record or history that could be aggravated by my participation in this activity.

My signature below indicates I have read this entire document, understood it completely and agree to be bound by its terms.

Printed Athlete's Name _____

Printed Parent/Guardian Name _____

Address _____ City _____ State ____ Zip _____

Home (____) ____ - _____ Work (____) ____ - _____ Cell (____) ____ - _____

Athlete's Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____