COVENANT NOT TO SUE, ASSUMPTION OF RISK, PROMISE TO RELEASE RELEASE OF LIABAILITY – PARENT OR GUARDIAN CONSENT

MINOR:					
I/we, the under	rsigned, represent that I/we are the	e legally appo	inted or natural par	rent/guardian(s) of the above-	
named person	who is under the age of eighteen ((18) years, that	he/she is signing t	he below "Consent Not to	
Sue, Risk of As	sumption, Promise to Release and	l Release of Li	ability" with our fu	ll knowledge and consent,	
and I/we are jo	ining in the execution of the same	and agree to t	he terms thereof ar	nd do hereby find	
myself/ourselv	es in independent agreement with	the same terr	ns and provisions f	or myself/ourselves and	
my/our heirs, e	xecutors, personal representatives	s and assigns.			
Signature of Minor		Address / F	Address / Phone Number of Minor		
Signature of Parent/Guardian		Address / I	Address / Phone Number of Parent/Guardian		
	nstrument was acknowledged bef				
by		for		·	
	(Name of Parent/Guardian)		(Na	me of Minor)	
Who is:	Personally known to n	ne; or			
-	Has produced the following identification				
	(Type of Identificat	ion)			
Notary Signature					
Notary Stamp and	/or Seal				