

# **Minor Activity Risk Waiver**

## **For Parents or Legal Guardians**

**Activity Name:**

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**Location:**

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**Date(s) of Activity:**

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**Minor's Name:**

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**Date of Birth:**

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I, the undersigned, am the parent or legal guardian of the minor named above. I understand that participation in the activity described involves inherent risks, including but not limited to the possibility of physical injury, property damage, or other unforeseen events. I voluntarily assume all such risks on behalf of my child.

I agree to release, discharge, indemnify, and hold harmless the organizers, sponsors, and facility owners from any and all claims, liabilities, or causes of action arising from participation in this activity, except in cases of gross negligence or willful misconduct.

I certify that my child is in good health and able to participate, and I authorize emergency medical treatment if necessary.

**Parent/Guardian Name (printed):**

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**Date:**

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**Emergency Contact Name:**

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**Emergency Contact Phone:**

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