

Angleton Motocross

MINOR'S ASSUMPTION OR RISK ACKNOWLEDGEMENT

I have obtained my parent's consent to use Angleton Motocross Facility. I understand that I am assuming all of the risks if I get hurt during the usage, and I state the following:

1. Both my parents and I believe I am qualified to use these facilities. I will inspect the premises and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and discontinue further use of these facilities.
2. I understand that the USE OF THESE FACILITIES ARE VERY DANGEROUS and INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.
3. I know that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others using the facilities, the condition and layout of the premises and equipment, or the negligence of others, including those persons responsible for operating these facilities.

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 _____

WITNESS SIGNATURE _____ DATE _____

WITNESS' PRINTED NAME _____