ALL OVER SPORTS INC. PARTICIPANT'S AGREEMENT (FOR THOSE UNDER 18 YEARS) INFORMED CONSENT - PARENT



By signing this document you will waive certain legal rights. PLEASE READ CAREFULLY.		
Name of Participant:	Age	Date of Birth
IN CONSIDERATION of allowing my mino events of ALL OVER SPORTS INC., I ASS		programs, activities and
 I am the parent/guardian of the above for decisions regarding the above of the decisions and events of the decisions. I believe that my child is physically, programs, activities and events of the decisions. I hereby acknowledge that I am awarelated to the field of sport. I hereby acknowledge that I am awarelated to travel, including internations. I hereby acknowledge that I have of the decision of the decision	named participant. I emotionally, and mentally a ALL OVER SPORTS INC. I vare of the risks and hazards onal travel. I ead and am aware of the Read	able to participate in the s associated with or s as a sociated with or s as a sociated with or s as a sociated wi
I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGE THAT: I, hereby request ALL OVER SPORTS INC's	_, the parent/guardian of _ s service for my child. I am	aware of and understand
the risks, dangers and hazards associated suitable for my child.	i with the above service and	agree such service is
Signed at this	day of	, 20

Witness

Parent/Guardian