



# MINOR'S ASUMPTION OF RISK ACKNOWLEDGEMENT

## ALL SCCA AND SCCA PRO EVENTS

DESCRIPTION AND LOCATION OF MOTORSPORT ACTIVITY OR EVENT

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I have obtained my parents' and /or legal guardians' consent to participate in the above Event(s) or activities ("Events(s)"). I understand that I am assuming all of the risks if I get hurt during the Event(s) and I state the following:

1. Both my parents and I believe I am qualified to participate in the Event(s). I will inspect the premises and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the Event(s).
2. I understand that the ACTIVITIES OF THE EVENT(S) 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 of inactions of others participating in the Event(s), the rules of the Event(s), the condition and layout of the premises and equipment, or the negligence of others, including those persons responsible for conducting the Event(s).

**I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGEMENT,  
UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.**

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SIGNATURE OF MINOR PARTICIPANT

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DATE SIGNED

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PRINTED NAME OF MINOR PARTICIPANT

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DATE OF BIRTH

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PARENT OR GUARDIAN SIGNATURE

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PRINTED NAME