



INTREPID TRANSFORMATIONS LLC

Release/Waiver of Liability and Hold Harmless Agreement for a Minor

(Participant Under 18 Years of Age)

Directions: Complete this form and return it to Intrepid Transformations LLC at least 48 hours before Intrepid Transformations event.

I _____, as the parent/guardian of _____ have been informed and know the risks involved in participating in this _____ event, and understand that serious injury, and even death, is possible in such participation and I choose to accept such risk. I voluntarily accept any and all responsibility for my child's/ward's safety and welfare while participating in this event, with the full understanding of the risks involved. I hold harmless and release INTREPID TRANSFORMATIONS LLC, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/OR AGENTS and the SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/OR AGENTS of any and all responsibility and liability for any injury or claim resulting from my child's/ward/s participation in this event.

In consideration for being allowed to participate in this _____ event, I, for my child/ward or his/her heirs, executors and administrators, release and forever discharge the company, INTREPID TRANSFORMATIONS LLC, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/OR AGENTS and the SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/OR AGENTS of all liability, claims, actions, damages, and/or costs/expenses my child/ward may have against them, arising out of or in any way connected with my child's/ward's participation in this _____ event on (date) _____.

I understand that this release/waiver of liability applies to ANY claim, even those based upon the negligence, actions or inactions of those referenced above, including INTREPID TRANSFORMATIONS LLC, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/OR AGENTS and the SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, ITS REPRESENTATIVES, MEMBERS, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/OR AGENTS.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF INTREPID

TRANSFORMATIONS LLC USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOU RIGHT TO RECOVER FROM INTREPID TRANSFORMATIONS LLC AND THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM AND INTREPID TRANSFORMATIONS LLC AND/OR THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE/WAIVER OF LIABILITY.

Parent/Guardian Signature	Date	Parent/Guardian Print Name
---------------------------	------	----------------------------

Name of Minor Child: _____

Date of Birth of Minor Child: _____

Address of Parent/Guardian: _____

Phone Number of Parent/Guardian: (Cell) _____

(Work) _____

EMERGENCY CONTACT INFORMATION FOR MINOR CHILD:

Emergency Phone Number: _____

Name of Emergency Contact: _____

Relation of Emergency Contact to Minor Child: _____