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By signing below, I am stating that I have carefully read the stated assumption of risk, release, and indemnification agreement, and I understand its contents. I further state that I have signed voluntarily under my own free will, and I am of legal age and legally competent to execute this agreement. Finally, I understand that this agreement is governed by the State of Minnesota, and is intended to be as broad and inclusive as is permitted by Minnesota law. If any portion of this agreement is invalid, I agree that the remaining provisions shall continue to be in full force and effect.

Responsible Adult's Signature

Date

Printed Full Name