

ASSUMPTION OF RISKS

	(PRINT name of parent or legal guardian)
as the parent or legal guardian of	(PRINT underage
student's name) understand that s/he will be	and the second s
students, and I/my child understand that the	ese courses will not be altered based on the
presence of a minor student being in the cla	ssroom. I, on behalf of myself and my child
acknowledge the risks that my child will be	exposed to ideas presented to adult
students, and voluntarily agree to allow part	icipation in these classes at my own/my
child's own risk.	
Student's Signature	Today's Date
Parent or Legal Guardian's Signature	Today's Date