



MINNESOTA STATE

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I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand the contents, meaning, and impact of this waiver and release, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

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Student Name: _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Student Signature: _____ **Date:** _____

If under 18:

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Parent/Guardian Signature: _____ **Date:** _____