

FLORIDA ADDENDUM NOTICE TO THE MINOR CHILD'S PARENT OR NATURAL GUARDIAN

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| YOUR CHILD | PARTICI | PATE IF Y | OU D | O NOT | SIGN 1 | THIS FO | RM. | |
| | | | | | | | | |
| | Signature of Parent | of Natural Guardian (| (where applica | ble) | | Date | (Day/Month/\ | Year) |
| Please identify minor child/children participants below: (Minor Child means person under the age of 18) | | | | | | | | |

Minor Child Name

Birth Date (Day/Month/Year)