PARENTAL AUTHORIZATION

NOTARY ACKNOWLEDGEMENT REQUIRED

I, _____, parent/guardian of _____, hereby grant permission for _____ to accompany my son/daughter_____ to racing activities and to sign release forms in my place and as my representative for the 2019 racing year.

I authorize _____ to act as my representative for medical treatment until such time as I can be contacted.

I certify that _____ is currently _____ years of age, his/her birth date being _____.

_____ _____

Parent / Guardian Date

This Non-Attending Parental Consent Form will not be valid unless it is acknowledged before a Notary Public.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (date) by

_____ (name of person acknowledged.)

_____

Notary Public

Printed Name: _____

My Commission Expires: _____