Patriot Promotions

Parental Consent/Guardian Authorization

This form must be notarized

DATE:			
Parent Consent:			
			, give permission for
	(guardian) to sign		
following date(s)			and/or race Malvern MX on the
I			
	(guardian) to make	e any medical decisions r	necessary for my minor child.
CONTACT INFO: (please p	rint)		
Father Name:		Phone: _	
Mother Name:		Phone: _	
Participant Name:		Age:	
**Any known medication	s, allergies, conditions:		
I acknowledge there is no be present on the proper			or my minor child to participate and
Father's signature:			
Mother's signature:			
Guardian Consent:			
I child and will remain at excompetent to make any n	ent, on premises with th	is minor child, the entire	_ take full responsibility for this minor time period listed above. I am
Guardian's signature:			
Notary signature & stamp	/seal:		