PARENTAL AUTHORIZATION

I / We,	ar	nd	
give permission to			
to to	ake and let my child		
to go to a	&/or participate in riding at Barr	y's Ultra Mo	torsports Park (BUMP)
on t	the day of the month of		, 2018.
Name of Child:		Age:	AHC #:
ame of Parent / Guardian:		Phone #:	
ame of Parent / Guardian:		Phone #:	
I / We, have	completed & signed appropriate	parent wai	vers and the minor waiver.
The above person I / We are	e authorizing is older than 18 yea	ars of age an	d will be supervising my child at all times.
Signature of Parent / Guardian		Signature of Parent / Guardian	
Signature of Authorized Person		Signature of Authorized Person	
Witness		Witness	
Date			Date