

Parental Permission Letter

I/WE, _____, give permission for my/our minor

child, _____, to participate in the

Motosports events being held at (Track Name) _____

on (Event Date/s) _____. I/We understand there is a risk of serious injury, paralazation and/or death involved with the participation of this event(s). I/We under understand no medical coverage is provided in the event of injury. I/We understand and accept these risks. I/We understand by not accompanying my/our minor child at the event, I/We are authorizing the following individual to make medical decisions on my/our behalf for the above listed minor child. This includes but is not limited to decisions regarding transport by ambulance or medical helicopter, consent for medical treatment, etc. I certify the person responsible is aware of any allergies medical staff may need to be aware of.

I give permission for (name of adult accompanying minor)

_____ to sign any forms allowing participation in the above listed event(s) in my absence and to make any medical decisions on my/our behalf.

Signature of Parent 1

Signature of Parent 2

Notary Public

State of Indiana

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____,

20____, by _____ (Name of Individual making statement)

Seal

Signature of Notary Public

My Commission Expires: _____