

**Parental Consent/Healthcare Surrogate Designation
(specified person)**

I, _____, as parent or legal guardian of _____ (the "Minor Child"), hereby authorize and give permission for _____ to execute any documents or paperwork required for the Minor Child to participate in specialized, MTF directed motocross training on the following dates _____, at the following motocross tracks _____.

I further authorize and name _____, as an additional designated health care surrogate under the attached Designation of Minor Child's Health Care Surrogate, if not already so designated, to make any medical decisions for _____ during the above dates.

Signed: _____
Printed Name: _____

EMERGENCY CONTACT PHONE NUMBERS:
Home: _____ Cell: _____ Other: _____

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED before me this ___ day of _____, 200__, by _____, who: ___ is personally known to me, or ___ has produced _____ as identification.

WITNESS my hand and official seal this _____ day of _____, 20____

NOTARY PUBLIC, STATE OF _____