PARENTAL AUTHORIZATION NOTARY ACKNOWLEDGEMENT REQUIRED

| I,, | parent/guardian | of | |
|--|---------------------|---------------------|--------------------------|
| hereby grant permission for | | | to accompany my |
| son/daughter | to rac | cing activities and | to sign release forms in |
| my place and as my representative for th | ne 2020 racing year | 2 | |
| I authorize | to | act as my rep | resentative for medical |
| treatment until such time as I can be con | tacted. | | |
| I certify that | i | s currently | years of age, his/her |
| birth date being | · | | |
| | | | |
| Parent / Guardian | | Date | |
| This Non-Attending Parental Consent a Notary Public. | Form will not be | valid unless it is | acknowledged before |
| COUNTY OF | | | |
| The foregoing instrument was acknowledged before me this | | | (date) by |
| | (name of pers | on acknowledged.) | |
| | Notary Publi | с | |
| | Printed Name | 2: | |
| | My Commiss | sion Expires: | |