

**PARENTAL PERMISSION & MEDICAL CONSENT w / AUTHORIZATION FOR TEMPORARY  
GUARDIANSHIP OF MINOR CHILD INVOLVEMENT IN MOTORCYCLE & MOTOCROSS ACTIVITIES AT  
ARIZONA CYCLE PARK.**

The use of singular in this document shall incorporate the plural.

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, (a minor, hereinafter referred to as "CHILD") agree to, declare and confirm the following provisions of this document due to my absence (not present) at this event.

**PARENTAL PERMISSION:** CHILD has the necessary and requisite skills to participate in motorcycle and motocross activities at this event. I, the undersigned grant permission for CHILD to participate in all facets and activities including but not limited to motorcycle and motocross activities at and requested of this facility. CHILD participation in any of the events or activities conducted by, on the premises of Arizona Cycle Park will begin \_\_\_\_\_ and conclude on \_\_\_\_\_.

**MEDICAL CONSENT:** I, the undersigned expressly acknowledge and agree that the activities of the event are very dangerous and involve the risk of serious injury, crippling, loss of limbs, loss of sight and/or death. Furthermore, experience has shown that in connection with motorcycle and motocross activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. In the event of an emergency in which the life of my CHILD is in danger or threatened, I agree that care may be provided to CHILD without my consent. This consent is expressly designed to release from liability the physician(s), hospital(s), and other licensed EMS who may treat CHILD. I, the undersigned assume full financial responsibility associated with the transportation and medical care rendered.

**AUTHORIZATION FOR TEMPORARY GUARDIANSHIP OF MINOR CHILD:** \_\_\_\_\_, (hereinafter referred to as "AGENT") is hereby appointed as temporary guardian of CHILD. AGENT is personally known to me and trusted by me:

- AGENT shall, remain with CHILD through out the entire event.
- AGENT shall, on my behalf, with the same validity as the undersigned could if present, sign all forms (waiver, release, consent, including minor release, etc) that may be required in order for CHILD to participate in practice, racing and all other activities during this event.
- AGENT shall, on my behalf, make all decisions related to CHILD recreational activities and undertakings.
- AGENT shall, on my behalf, for the CHILD, make all health care decisions.
- AGENT shall, on my behalf, administer general first aid treatment for any minor injuries or illnesses experienced by the CHILD. Whether care is routine or emergency, AGENT may exercise his best judgment and is given authority and power to act and consent on my behalf, with the same validity as the undersigned could if present, to give specific consent to any and all services deemed necessary. If the injury or illness is life threatening or in need of emergency treatment, I authorize AGENT to summon any and all professional emergency personnel to attend, transport and treat the CHILD and to issue consent for any X-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment or hospital care deemed advisable by and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur under the provision of the Medical Practice Act.
- AGENT shall NOT have the authority to withdraw or withhold any life support health care, treatment, procedures or equipment.
- I, the undersigned will fully assume, be financially responsible and promise to make payment for all services consented by AGENT that are not covered by my personal medical insurance.

I have read, understand and fully agree to all provisions of this document. I understand and confirm that by signing this document that said CHILD, personal representatives, assigns, heirs, next of kin and I have given up all legal rights to sue the American Motorcyclist Association, it's districts, Arizona Cycle Park, Continental Motorsports Club, CMC Arizona Racing, LLC, , participants, sanctioning organizations or any subdivision thereof, track operator, track owner, officials, vehicle owners, riders, pit crews, any persons in restricted area, promoters, sponsors, advertisers, owners, lessees of premises used to conduct the event and each of them, their officers and employees.

I have signed this document freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute this **PARENTAL PERMISSION & MEDICAL CONSENT w / AUTHORIZATION FOR TEMPORARY GUARDIANSHIP FOR MINOR CHILD INVOLVEMENT IN MOTORCYCLE & MOTOCROSS ACTIVITIES AT ARIZONA CYCLE PARK** beginning \_\_\_\_\_ and concluding on \_\_\_\_\_.

If only one parent/legal guardian signature seal is enclosed below: I have the legal right and authority as agent for the other and on behalf of the other to execute all permissions, consents, waivers, releases, assignments and authorizations that pertain to the custody, care and fate of CHILD.

CHILD Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Other phone number: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Please Check: \_\_\_\_\_ In the event CHILD should require emergency Medical care from any physician, medical facility, EMS Or any other medical professional, I authorize full disclosure of my child's medical record.

Insurance Co.: \_\_\_\_\_ If None Please Check: \_\_\_\_\_

Insurance Policy Name and #: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Medications? \_\_\_\_\_

Allergies? \_\_\_\_\_

Last Tetanus Immunization? \_\_\_\_\_

Other Comments: \_\_\_\_\_

**Parent #1:** Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**Parent #2:** Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

This document acknowledged before me on \_\_\_\_\_ Date

Name of principal \_\_\_\_\_

Signature of Notary Officer \_\_\_\_\_

Notary Public for the State of \_\_\_\_\_

My commission expires on \_\_\_\_\_ Date

**NOTARY SEAL**