

## Parental Consent Form

I, \_\_\_\_\_, Legal Parent or Guardian of \_\_\_\_\_ give permission for \_\_\_\_\_ to sign any entry forms, releases forms, membership forms or any other document required by Bithlo & Waldo Motorsports LLC or the Race promoter for \_\_\_\_\_ to race and/or practice the following date(s) \_\_\_\_\_ to \_\_\_\_\_ at the following Motocross track located at:

Check One Only:

- Bithlo Motorsports 19400 EAST COLONIAL DRIVE ORLANDO, FL 32820
- Waldo Motorsports 16258 NE US HWY 301 WALDO, FL 32694

I, \_\_\_\_\_, Legal Parent or Guardian of \_\_\_\_\_ give permission to \_\_\_\_\_ to make any medical decisions in case of emergency during the following date(s) \_\_\_\_\_ to \_\_\_\_\_.

### EMERGENCY CONTACT PHONE NUMBERS:

Home ( ) -  
Work ( ) -  
Cell ( ) -  
Other ( ) -

I swear, or affirm, under penalty of perjury, that this Parental Consent Form is true and correct.

\_\_\_\_\_  
Signature of Legal Parent or Guardian

\_\_\_\_\_  
AFFIX NOTARY STAMP / SEAL ABOVE