



**CONSENT TO PARTICIPATE WITHOUT PARENT/GUARDIAN ATTENDING**

**Driver Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent or Legal Guardian's name:** \_\_\_\_\_

**Phone number(s) for Parent or Legal Guardian: Home #** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Other #** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Child's Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Current Medications:** \_\_\_\_\_

\_\_\_\_\_

**Consent to Participate**

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_

give my consent for \_\_\_\_\_ to race in a USAC sanctioned event

on the date of \_\_\_\_\_ in the event / events of which I am not

in attendance.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent for Medical Treatment of Minor**

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_

give my permission for \_\_\_\_\_ to seek emergency medical and surgical

treatment in the event that such treatment becomes necessary. I grant my permission for treatment by a licensed physician and the physician's assistants and designees, including such hospital or urgent care personnel as the licensed physician deem necessary. The minor named in this consent document may receive all treatment provided according to generally accepted standards of medical practice.

**My consent is effective for the period of \_\_\_\_\_ through \_\_\_\_\_**

**Signature of Parent or guardian: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Document must be notarized**

Before me, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ and acknowledged the execution of this instrument this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name of Notary

(SEAL)