

TWO PAGE DOCUMENT. PLEASE FILL OUT BOTH PAGES.

For anyone under the age of 18 that will be attending GPF we need a Temporary Guardianship form filled out and Notarized for us to keep. This will allow the adult accompanying the minor to sign our liability waivers for said minor. Please feel free to copy and paste the text below where you can simply fill in the blanks and sign before a public notary. Thanks.

TEMPORARY GUARDIANSHIP OF MINOR CHILD

I _____ **FATHER** **SOLE GUARDIAN** **BOTH**
PRINT NAME

Phone Number: _____

I _____ **MOTHER** **SOLE GUARDIAN** **BOTH**
PRINT NAME

Phone Number: _____

OF MINOR CHILD _____ d.o.b. ___/___/___ GRANT TEMPORARY
GUARDIANSHIP OF SAID MINOR CHILD FOR PURPOSES OF PRACTICE, RACING AND
MEDICAL TREATMENT TO _____
PRINT ADULT GUARDIAN NAME

FOR THE PERIOD OF ___/___/20___ THROUGH ___/___/20___.

FOR PURPOSES OF PRACTICE, RACING, OTHER ACTIVITIES AND MEDICAL
TREATMENT.

FATHERS SIGNATURE _____/_____/_____
DATE

MOTHERS SIGNATURE _____/_____/_____
DATE

NOTARY
SIGNED BEFORE ME ON THIS DATE OF: ___/___/20___
NOTARY SIGNATURE _____
COUNTY OF: _____ STATE OF: _____
MY COMMISSION EXPIRES: _____

SEAL: **(MUST BE NOTARIZED - NO EXCEPTIONS!)**

Rider Information

Name: _____

Address: _____

Phone: _____

Age: _____ Height: _____ Weight: _____

Allergies: _____

Any medical information we should know about you in case of an emergency: (ex. Diabetes, contact lenses, medications, recent illness, injuries, etc.)

Emergency Contacts

Name(s): _____

Phone: _____

Name(s): _____

Phone: _____

Please return to the office before riding so we can keep on file. Update if any information changes.