



## 2019 POWER OF ATTORNEY FORM

State / Providence of \_\_\_\_\_ :  
 \_\_\_\_\_ County

WHEREAS, the undersigned is the natural parent of  
 \_\_\_\_\_  
 , a minor;

WHEREAS, the undersigned is not available to accompany the minor to certain motorsports and recreational activities in which the minor participates which events the parent deems acceptable and beneficial to the minor;

WHEREAS, those conducting, holding, officiating and promoting these events require that the natural parent and guardian of a minor participant sign a Release and Waiver of Liability and Indemnity Agreement on behalf of both the minor and the parent, which Agreement releases the claims of both.

THEREFORE, the undersigned does hereby appoint \_\_\_\_\_ to act as attorney in fact for the undersigned in whatever capacity necessary to permit the participation of \_\_\_\_\_ in motorsports and recreational activities. The undersigned hereby consents to and gives full power to the aforesaid attorney in fact to do and perform any, all and every act requisite, necessary or proper to be done in carrying out the purposes for which this power of attorney is granted, as might or could be done by the undersigned if personally present. including, but not limited to the execution by the attorney in fact of any required Release and Waiver of Liability and Indemnity Agreement (or similarly titled document) on behalf of the undersigned and on behalf of the minor with the attorney in fact's signature to have the same force and effect as to the potential claims of the undersigned and the minor as though executed by the undersigned personally.

(continued)

The undersigned hereby ratifies and confirms that which said attorney in fact shall lawfully do or cause to be done by virtue of the power herein conferred upon said attorney in fact on this\_\_day of \_\_\_\_\_, 201\_\_, until written revocation hereof.

Name of Event\_\_\_\_\_

Location of Event \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand this\_\_\_\_day of \_\_\_\_\_201\_\_.

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Name of Parent or Legal Guardian

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

\_\_\_\_\_  
Name of Appointed

\_\_\_\_\_  
Signature of Appointed

All Signatures Subscribed and sworn to before me this \_\_\_\_day of \_\_\_\_\_201\_\_,

(Seal)

\_\_\_\_\_  
Notary Public \_\_\_\_\_ County, \_\_\_\_\_

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