



6600 Jansen Ave. NE, PO Box 167, Albertville, MN 55301
Phone: 763-497-8474 Toll Free: 866-771-4762 (ISOC) Fax: 763-497-2922

POWER OF ATTORNEY FOR PARENTAL CONSENT FOR
EXECUTION OF WAIVER AND RELEASE TO PERMIT MINOR'S
PARTICIPATION IN MOTORSPORTS ACTIVITY.

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 the _____ day of _____, 200__, until written revocation hereof.

Name of Event _____ Location of Event _____

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____ 200__.

Name of Minor

Signature of Minor

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Name of Appointed

Signature of Appointed

BE IT REMEMBERED, that on the _____ day of _____ 200__, before, me, a notary public in and for said county and state or providence, personally came the above-named _____ and acknowledged the signing of the above Power of Attorney to be her/his voluntary act and deed, for the uses and purposes therein mentioned.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal, on the day and year last aforesaid.

(Seal)

Notary Public

