



Pediatric Brain Tumor Foundation Ride for Kids

Authorization for Minor Child

This form must be completed, signed, and **notarized** before the Ride for Kids event by the minor child's parent or guardian **if the parent or guardian is not attending the ride with the child.**

Date: _____

For (Name of Minor Child): _____ DOB: _____

To Whom It May Concern:

I, (Name of Parent or Legal Guardian) _____,

Parent or Legal Guardian of (Name of Child) _____,

give my permission for said child to participate in the (Name of City) _____

Ride for Kids event being held on (Date) _____. I also give my permission and

authorize (Name of Person accompanying child at event) _____,

the person accompanying my child to the Ride for Kids event, to sign the AMA Minor Waiver and any

other Release and Waiver of Liability and Indemnity Agreement , on my behalf in order for my minor

child to participate in the event.

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Parent/Legal Guardian Signature _____ **Date:** _____

Parent/Legal Guardian Printed Name _____

Relationship to Child _____

Notary Signature _____

(Notary Seal)

My Commission Expires _____