FIELD OF DREAMS OFF-ROAD VEHICLE PARK

1801 W Buckshutem Rd, Millville, NJ 08332 • (856) 765-3799 • njmpfod.com

LETTER OF TEMPORARY GUARDIANSHIP (AUTHORIZED ADULT FOR A MINOR RIDER)

Required for any rider under 18 when both parents/legal guardians are not present at sign-up. BOTH parents/legal guardians must sign in front of a notary. The Authorized Adult must be 25 years of age or older and must bring the signed, notarized original to sign-in.

1. Minor Rider

Minor's full name: _____ Date of birth: _____

2. Parents / Legal Guardians (both required)

Parent/Guardian 1 – full name: _____ Phone: _____

Address: _____

Parent/Guardian 2 – full name: _____ Phone: _____

Address: _____

3. Authorized Adult (Temporary Guardian – must be 25 or older)

Full name: _____ Date of birth: _____ Phone: _____

Address: _____

4. Event and Dates (check one)

☐ Single date / event – date: _____ ☐ Annual – valid for calendar year 20_____

Covers: ☐ Race Practice ☐ Race Event ☐ Both at Field of Dreams Off-Road Vehicle Park, Millville, NJ. Valid only for the date or calendar year checked above, unless revoked in writing by a parent/legal guardian before the event.

5. Authorization

We, the parents/legal guardians named above, authorize the Authorized Adult to act on our behalf for the minor named above to attend, practice, participate, and/or compete in the event above. The Authorized Adult may:

- Sign **liability releases, waivers, and entry forms** required for the minor to participate.
- Make **emergency medical decisions** for the minor if necessary.

The Authorized Adult agrees to:

- Make sure the minor follows all event and park rules and regulations.
- Remain present at all times while the minor is participating in the event.

6. Acknowledgment

We understand that motocross and off-road riding are hazardous activities that can result in serious injury or death. We acknowledge that under AMA rules no minor may practice, participate, or compete without the written consent of a parent/legal guardian; an Authorized Adult must present a notarized statement of Temporary Authorization; and all releases and notarized statements are forwarded to the AMA with any referee and/or injury report. We make this authorization willingly and without coercion.

7. Signatures

Parent/Guardian 1 signature: _____ Printed name: _____ Date: _____

Parent/Guardian 2 signature: _____ Printed name: _____ Date: _____

Authorized Adult signature: _____ Printed name: _____ Date: _____

Notary Acknowledgment

State of _____ County of _____

Date: _____ Name(s) of parents/guardians appearing: _____

On the date above, before me, the undersigned Notary Public, personally appeared the parents/legal guardians named above, known to me or satisfactorily proven to be the persons whose names are subscribed to this instrument, and acknowledged that they executed it for the purposes stated in it.

Notary signature: _____ Printed name: _____

My commission expires: _____ Notary seal: [ ]