



**Parental Consent Form**

I, \_\_\_\_\_, Legal Parent or Guardian of \_\_\_\_\_ give permission for \_\_\_\_\_ to participate in a riding clinic at the Roosters Nest MX Pro Shop motocross track located at:

**93 Kirkland Avenue  
Bozeman, MT 59718**

Each of the undersigned being fully aware of the risks and hazards inherent upon entering said premises and/or participating in any clinics or races held at said premises, hereby elects voluntarily to enter upon said premises, knowing their present conditions and knowing that said conditions may become more hazardous and dangerous during the time that each of the undersigned is upon the said premises. Each of the undersigned hereby voluntarily assumes all risks of loss, damage, or injury, including death, that may be sustained by any or each of the undersigned, or any property of any of each of the undersigned while in, on or upon the said premises.

This release shall be binding upon the distributees, heirs, next of kin, and personal representatives of each of the undersigned.

I, \_\_\_\_\_, Legal Parent or Guardian of \_\_\_\_\_ give permission to Jason Lambrecht to make any medical decisions in case of emergency at Roosters Nest MX Pro Shop motocross track.

**EMERGENCY CONTACT PHONE NUMBERS:**

Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_ Other (    ) \_\_\_\_\_

I swear, or affirm, under penalty of perjury, that this Parental Consent Form is true and correct.

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