

VALHALLA MOTOR SPORTS, INC. t/a

Irish Valley Motocross & ATV Park

Letter of Parental Consent

As (*circle one*) Parent(s) / Legal Guardian(s), I/ we give permission for (Name of Minor Child) _____ to ride motorcycles or ATVs at the Irish Valley Motocross & ATV Park in Paxinos, PA. In the event of injury and my/our absence, I/ we authorize (Name/Relationship) _____ and the Staff of the Irish Valley Motocross & ATV Park to act on our behalf regarding emergency medical attention. This authorization is for the duration of: (*circle one*) ONE DAY/ONE YEAR from the date of this consent.

Date: _____ Phone Number: _____

Parent Signature : _____

Print Name : _____

Address: _____

Notary: _____

Date: _____ Phone Number: _____

Parent Signature : _____

Print Name : _____

Address: _____

Notary: _____



BOTH SIGNATURES ARE REQUIRED ON THIS CONSENT AND ACCOMPANYING RELEASE. THE CONSENT MUST BE NOTARIZED BEFORE COMING TO THE PARK!