

I/We .................................................................................................................................................................................................................................................................... of (address) ...................................................................................................................................................................................................................................................

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Being the parents of

1.............................................................................................................................................................................................................................................................................

1. ............................................................................................................................................................................................................................................................................
2. ............................................................................................................................................................................................................................................................................ appoint ............................................................................................................................................................................................................................................................. of (address) ...................................................................................................................................................................................................................................................

With authority to do the following on my/our behalf:-

To enter the above named child/children in motorcycle events and competitions and to sign any waiver, disclaimer or indemnity on my/our behalf.

Signed by parent/s ................................................................................................................................................ Date .................................................................... in the presence of .....................................................................................................................................................................................................................................

(address) .........................................................................................................................................................................................................................................................

Official Standing .......................................................................................................(e.g. J.P., Minister, Bank Official, Solicitor, Police Officer.)

I ............................................................................................................................................................................................................................. hereby confirm that

I am willing to act as guardian and as such assume responsibility for the said

.................................................................................................................................................................................... child/children.

Signed ............................................................................................................ in the presence of .....................................................................................................

Date .........................................................................................................................................................

**This letter must be sent to:**

**MRA Insurance Secretary, Sylvia Lockhark
Ballyelly
Ramelton
Co.Donegal**

**and a copy shown at signing on at each event.**