CONSENT FORM FOR MINOR

AUTHORIZATION FOR MEDICAL/SURGICAL TREATMENT

I, _____ being the custodial parent and/or legal guardian of
_____, born _____ in _____,
(Name of Child) l (Date of Birth) (State),

do hereby authorize _____ and/or _____
(Print Name of Authorized Person) (Print Name of Authorized Person)

to consent to and secure for or on my behalf medical and/or surgical treatment for our child.

The consent of any person listed below shall be the equivalent of consent by us personally and any physician, hospital, clinic or other medical establishment, including emergency medical personnel, may relay upon said consent in rendering medical treatment to said child, including, but not limited to, diagnoses, treatment, medication and surgery.

This consent shall remain in effect until revoked in writing by the undersigned
.
The adult person(s) authorized to secure for, and on our behalf, medical and/or surgical treatment for, and on behalf of, our child are:

_____ _____
(Printed Name) (Printed Name)

EMERGENCY CONTACT INFORMATION:
Name: _____ Phone: (_____)_____
Name: _____ Phone: (_____)_____

Insurance Information:
Name of Health Insurance Company: _____
Policy# or I.D.#: _____
Address of Carrier: _____
Known Allergies or conditions we should be aware of: _____
_____

I affirm under the pains and penalties of perjury that the foregoing representations are true and correct.

_____ _____ _____
Printed Name Signature Date
STATE OF _____)
) SS:
COUNTY OF _____)

Before me, a notary public in and for said county and state, personally appeared _____ who acknowledged the execution of the foregoing Consent and Authorization for Medical Treatment and stated that the representations contained therein are true and correct to the best of their knowledge and belief.
My Commission Expires: _____ Notary Public: _____

Printed: _____
SEAL Residing in _____ Co. _____
Received by: _____ Date: _____

CONSENT FORM FOR MINOR

Consent: I/W e hereby authorize _____,
(Name of Child)
born on _____, to participate in motorized off-road activities at the location commonly
(Date of Birth)
known as The Lost Trails and operated by The Lost Trails, LLC. Located at Pocono Manor Resort, Pennsylvania on _____.
(Day and Date of Visit)

It is understood by me that my child is participating **AT THEIR OWN RISK and that I am required to execute a Release, Hold Harmless and Indemnification Agreement in favor of The Lost Trails LLC, ATV Adventure Tours, Pocono Manor Investors, LP, Pocono Manor Investors, PT1, LP, The Inn at Pocono Manor, Inc., F & F Paving, their members, agents, employees and other associates, and Anthony P. Novak, an individual, his agents, employees, heirs and assigns, and their officers, directors, employees, servants and contractors whereby you release those entities and individuals from any and all liability of any nature or kind for damages to property or injuries or death to person and that you should thoroughly read that release before executing it on behalf of your child.**

By executing this Consent, I agree to be totally responsible for all financial responsibility, including medical and hospital bills incurred which might be rendered to or required by your child.

_____ _____
(Printed Name of Parent/Legal Custodian) (Signature of Parent/Legal Guardian)

_____ _____ (_____)_____
Driver's License Number State of Issue Telephone number for emergencies

_____
Dated

STATE OF _____)
)SS:
COUNTY OF _____)

Before me, a notary public in and for said county and state, personally appeared _____ who acknowledged the execution of the foregoing Consent and stated that the representations contained therein are true and correct to the best of their knowledge and belief.
My Commission Expires: _____ Notary Public: _____
Printed: _____
SEAL
Residing in _____ Co. _____

Received by: _____ Date: _____