

*Please note: You will need both this form AND a fully executed AMA minor release on file with AMA.

Our/My minor child	has
Name of Mino Our/my permission to participate in all Iowa Moto S	
events during the 2025 racing season.	
In addition, we/I authorize(Name or	to act as our/my child's
legal guardian. We/I give them permission to sign a	ny event entry or registration form(s) and to
give consent for medical treatment if needed.	
By signing this form, we/I understand and acknowle	edge that motocross racing is a high-risk sport
that can result in serious injury or death. We/I acce	pt full responsibility for any and all risks involved
in participation. We/I release and hold harmless Io	wa Moto Series, AMA District 22 Club Council Inc,
event organizers, track owners, sponsors, and any other affiliated persons or entities from any	
liability or claims arising from our/my child's participation in these events.	
Parent's Name (Print)	Parent's Name (Print)
Parent's Signature	Parent's Signature
Date	Date
A CIANOVA /I E	DCMENT
ACKNOWLE	DOMENT
On this day of, 2025, in the State of _	, in the county of,
, whose identification (e.g., driver's license, state ID, or passport), per	sonally appeared before me, being the parent or legal
guardian of the minor child named in this document, to be the acknowledges that by signing, he/she agrees to the terms abo	e signer of the foregoing document, and he/she
section.	
 (Signature of Notary Public)	(Notary Seal or Stamp Here)
	, , , , , , , , , , , , , , , , , , ,
(Cor	nmission Expiration)