AFFIDAVIT

I hereby affirm that I personally have full and sole custody as legal parent/guardian of the minor participant named below. I further affirm that no other parent/guardian has any lawful claim to said minor. Legal documentation of this information may be obtained from me upon request.

I give my permission per the Annual Parental Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement for my child to be a participant in SCCA® events.

_____

SIGNATURE OF AFFIANT DATE

_____

PRINTED NAME OF AFFIANT SCCA MEMBER NUMBER (if applicable)

_____

PRINTED NAME OF MINOR PARTICIPANT

_____

SIGNATURE OF ADULT SCCA MEMBER/WITNESS DATE

_____

PRINTED NAME OF SCCA MEMBER WITNESS SCCA MEMBER NUMBER

This Affidavit may be notarized in lieu of an adult SCCA® Member.

SWORN to subscribed before me, this _____ day of _____, 20_____.

_____

NOTARY PUBLIC

My commission expires:

_____

2017-04-07