

2150 MEADOWVALE BLVD. MISSISSAUGA, ONTARIO L5N 6R6

TEL: (905)-858-3060 FAX: (905) -858-3111

Email:

memberservices@standardbredcanada.ca Website: www.standardbredcanada.ca

APPOINTMENT OF AUTHORIZED AGENT FOR MINOR & PARENT CONSENT

Junior Member information:	
Name:	Member #:
Address:	
Parent/Guardian Information:	
Name:	Relationship to Child:
Phone Number:	Email:
Address:	
Consent:	
I,	, the undersigned give permission for my child,
	, to obtain a Standardbred Canada Junior
membership and I, consent to my child partic	ipating in the Standardbred industry.
Waiver of Liability	
I, the undersigned, release Standardbred Ca arise during the participation, within the boun	nada from any liability for injuries or issues that may
I consent to my child being photographed or used by Standardbred Canada for promotional	videoed during the activity, and for these images to be al purposes.
As a current member of Standarbred Cana	ada, I will be acting as the Authorized Agent for my child
I hereby appoint	to be the Authorized Agent for my child
Parent/Guardian Signature:	Date:
Witness Signature:	Date:
Authorized Agent information: (to be complete	d if Authorized Agent is not the Parent or Guardian):
Name:	Member #:
Address:	
Authorized Agent Signature:	Date:

By signing this document, the Authorized Agent is accepting the related rights and privileges and agrees to fulfill all responsibility, obligations and liabilities that would be required of a member and acknowledges that this agreement will remain valid during the currency of the appointment.