

QXNE PARENTAL PERMISSION FOR GUARDIANSHIP OF MINOR

*******Must be notarized*******

I/We _____, _____, the
(Print legal parent/guardian's name 1) (Print legal parent/guardian's name 2)

undersigned legal parent/guardian(s) of _____, give permission
(Print minor's name)

for my child to register as a Quadcross New England LLC ("QXNE") Member, and participate in any and all activities that QXNE Members participate in.

I/We appoint _____, as his/her temporary guardian for
(Name of appointed temporary guardian – must be 18+)

the following dates: _____
(Effective dates of temporary guardianship)

The above-named guardian shall have the power to:

- Sign all forms/releases/waivers needed to register as a QXNE Member, and to participate in any and all activities that QXNE Members participate in.
- Seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to medical doctor or hospital visits.
- Authorize medical treatment or medical procedures in an emergency situation.

I grant guardianship for all of the above purposes and associated activities that may pertain thereto without limitation.

Child's Allergies, Medicines or Special Conditions: _____

Parent/guardian 1 signature: _____ Date: _____

_____ (Initial) I represent that I have sole legal custody or am the sole parent/guardian

Parent/guardian 1 printed name: _____ Phone: _____

Parent/guardian 1 address: _____

Parent/guardian 2 signature: _____ Date: _____

Parent/guardian 2 printed name: _____ Phone: _____

Parent/guardian 2 address: _____

Printed Name of MINOR: _____ D.O.B. _____

***Please include a copy of the above-named minors birth certificate and a copy of the legal parent/guardians valid photo ID.

Notary: Subscribed and Sworn to at: _____ Before me this _____ Day _____ A.D. 20 _____

SEAL

(Signature of Notary Public)

(Printed Name of Notary Public)

County, State of _____

My Commission Expires: _____