

AUTHORIZATION TO OBTAIN MEDICAL TREATMENT FOR MINOR CHILD

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between Windhorse Ranch, hereinafter referred to as "Manager," and _____, hereinafter referred to as "Parent."

Manager is hereby authorized to obtain any and all medical treatment Manager deems reasonably necessary for my minor child and/or children.

Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Manager shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of child(ren)

Social Security No.

Health Insurance Carrier:

Plan or Identification No.

Primary Healthcare Provider

Signature of Parent or Guardian

Signature of Witness

Signature of Witness

State of California
County of _____)

On _____ before me,
_____ (here insert name), a Notary Public, personally
appeared _____, personally known to me (or proved
to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed
the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on
the instrument the person(s), or the entity upon behalf of which the person(s) acted,
executed the instrument.

WITNESS my hand and official seal.

Notary Public

Print Name:

My commission expires:
