

CASCADE PLEASURE HORSES
AUTHORIZATION TO OBTAIN MEDICAL TREATMENT FOR MINOR CHILD

WITNESS THIS AUTHORIZATION by _____,
hereinafter referred to as "Parent."

CASCADE PLEASURE HORSES LLC hereinafter referred to as
"Management" is hereby authorized to obtain any and all medical treatment Management
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. Management 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

STATE OF WASHINGTON

COUNTY OF _____

On this day personally appeared before me _____,
to me known to be the individual(s) described in and who executed the within and
foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their
free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and seal of office this _____ day of
_____, 20_____.

Notary Public residing at _____
Printed Name: _____
My Commission Expires:_____.