



To Whom It May Concern:

I _____ do hereby authorize Wellington Show Stables, Inc. to consent to any and all medical care and treatment to be rendered to _____ as of this date.

Signature: _____

Full Name: _____

Date: _____

State of Florida)
 ss.
County of Palm Beach)

Before me the undersigned authority, personally appeared to me known to be the person described in and who executed the foregoing and acknowledged before me that they executed the same. Witness my and official seal in the County and State last aforesaid on this _____ day of _____, 2003.

Notary Public: _____ Seal: