

KANSAS RACING AND GAMING COMMISSION

700 SW Harrison, Suite 500
Topeka, Kansas 66603-3754
(785) 296-5800

JOCKEY AGENT AGREEMENT FORM

License Year: _____

Date: _____

TO THE KANSAS RACING AND GAMING COMMISSION:

I, have this date appointed _____
(Print Name of Jockey Agent)

of _____
(Street Address or Box No.) (City) (State) (Zip)

to act for me, pertaining to my services as a Jockey under the Rules and Regulations adopted by the Kansas Racing and Gaming Commission.

It is hereby understood that I assume full responsibility for the acts of my Jockey Agent in connection with this authority.

This appointment may be cancelled by either party upon written notice filed with the Kansas Racing and Gaming Commission and presentation of the Jockey Agent's license to the Commission.

ACKNOWLEDGEMENT

Jockey's Name (Please Print)

Date of Birth Age KRGC License

Jockey's Signature

Parent or Legal Guardian Signature

State of _____)

County of _____)

Subscribed and sworn to before me this _____ day of _____, 20__.

(SEAL)

Notary Public

(My Commission Expires: _____)