

**Consent and Authorization for Minor Athlete to Receive
Athletic Training Modalities, Massages, and Rubdowns**

I, the undersigned, certify that I am the parent or legal guardian of the below named Minor Athlete. I understand that my written consent and authorization is required in order for Minor Athlete to receive athletic training modalities, massages, and rubdowns.

In connection with and in consideration of Minor Athlete receiving athletic training modalities, massages and/or rubdowns, I, as Minor Athlete's parent or legal guardian, hereby represent and agree as follows:

- 1) I agree to allow the Minor Athlete to receive athletic training modalities, massage and/or rubdowns from a soigneur authorized to work by _____ between _____
;
- 2) I agree that I have had the opportunity to review USA Cycling's Safe Sport Program and Minor Athlete Abuse Prevention Policies, available at <https://www.usacycling.org/resources/safesport/usac-policies>;
- 3) I authorize and consent to the release and disclosure of this consent form, Minor Athlete's name, and other relevant information necessary to demonstrate my consent to Minor Athlete's participation.

I certify that I am 18 years of age or older and the parent or legal guardian of the Minor Athlete. In addition, I certify that I have read, fully understand, and agree to the terms of this Authorization, and I sign it voluntarily with the full knowledge of its significance.

Minor Athlete Name (First and Last)

Parent or Legal Guardian Printed Name (First and Last)

Parent or Legal Guardian Signature

Date