



Consent and Authorization for Minor Athlete to Participate in Out-of-program Contact

I, the undersigned, certify that I am the parent or legal guardian of the below named Minor Athlete. I understand that it is recommended my consent and authorization is received prior to Minor Athlete interacting one-on-one with an Applicable Adult outside of a cycling program when such interactions are not observable and interruptible.

In connection with and in consideration of Minor Athlete interacting one-on-one with an Applicable Adult outside of a cycling program I, as Minor Athlete's parent or legal guardian, hereby represent and agree as follows:

- 1) I agree to allow the Minor Athlete to interact one-on-one with _____ (name of Applicable Adult) on _____ (date/s);
- 2) I agree that I have had the opportunity to review USA Cycling's SafeSport Program and Minor Athlete Protection 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