



**Consent and Authorization for Minor Athlete to Receive
Massage or Rubdown/Athletic Training Modalities**

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 receiving a massage or rubdown/athletic training modality. I understand that even with my consent and authorization any massage or rubdown/athletic training modality performed on a minor athlete at a facility, event or training or competition venue must be conducted in an open and interruptible location and done with at least one other adult present.

In connection with and in consideration of Minor Athlete receiving a massage or rubdown/athletic training modality 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 a massage or rubdown/athletic training modality with _____ (name of professional performing massage or rubdown/athletic training modality) 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 understand that I am allowed to observe the massage or rubdown/athletic training modality;
- 4) 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