

CONSENT FOR A DUAL RELATIONSHIP

I,, as the parent/legal guardian of	
, a minor athlete, am advising	(Organization Name) that
the minor athlete has a dual relationship with	, an Adult Participant.
The dual relationship is as follows:	
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With my signature below, I am consenting to the dual re	lationship exception for each area of the
Minor Athlete Abuse Prevention Policy for a time period	noted not to exceed one year from the
date of this consent. I am aware that I can withdraw con	sent at any time.
Parent/Legal Guardian Name Printed:	
Parent/Legal Guardian Signature:	
Date:	