

I,, l	egal guardian of	, a minor athlete,	
gives express written pe	rmission, and grant an exception to the Minor At	hlete Abuse Prevention Policy for	
	(massage therapist or other certifie	d professional) to provide a	
massage, rubdown, and	or athletic training modality on	on	
(date) at	(location). The massage, rub	(location). The massage, rubdown, or athletic training must be	
down with one other ad	ult present in the room and must never been don	ne with(minor	
athlete) and	(massage therapist)	in the room. I acknowledge that I	
have the right to observ	e the massage, rubdown, or athletic training mod	lality. I further acknowledge that	
this written permission	is valid for the dates and location specified herein	<b>l.</b>	
Legal Guardian Signatur	e		
Date			