

# Minor Athlete Release



*Massage Therapist or other certified professional*

I, \_\_\_\_\_ legal guardian of  
Parent or guardian full name  
\_\_\_\_\_ a minor athlete, give express  
Athlete full name  
written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for  
\_\_\_\_\_ to provide a massage, rubdown  
Name of massage therapist or other certified professional  
and/or athletic training modality to \_\_\_\_\_  
Athlete name  
on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_  
Location

The massage, rubdown or athletic training modality must be done with at least one other adult present in the room and must never be done with only \_\_\_\_\_  
Athlete name  
and \_\_\_\_\_ in the room. I acknowledge  
Name of massage therapist or other certified professional  
that I have the right to observe the massage, rubdown or athletic training modality.

I acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_