

**SENIOR ZONES LODGING AGREEMENT**

I,  , legal guardian of , a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for (minor athlete), to stay in the same hotel room of, or share a sleeping arrangement or other overnight lodging location

with (unrelated adult athlete)

at (location of hotel room or other overnight lodging location) from to (dates of applicable rooming arrangement). I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature:

Date: