***SAMPLE ANNUAL CONSENT FOR***

***DUAL RELATIONSHIP ONE-ON-ONE INTERACTIONS***

***INSERT YOUR TEAM NAME***

***AND LOGO HERE***

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: .

I hereby authorize and consent that said Adult Participant can have in-program one-on-one interactions where consent is allowed with said minor athlete at (Organization Name) for one year from the date of this consent.

I am aware that I can withdraw consent at any time.

Parent/Legal Guardian Name Printed:

Parent/Legal Guardian Signature:

Date: