

Authorization for Minor Participation in Abuse Prevention Training

I, the undersigned, certify that I am the parent or legal guardian of the below named Minor Athlete). I understand that my permission and authorization is required in order for Minor Athlete to be trained in abuse prevention by taking the training course(s). I also understand that Minor Athlete will not be permitted to register or take the Training unless I provide my permission by signing this Authorization.

In connection with and in consideration of Minor Athlete’s participation in the Training, I, on behalf of Minor Athlete and myself, my heirs, personal representative(s) and assign(s) hereby represent and agree as follows:

- 1) I agree to allow the Minor Athlete to attend and participate in the Training;
- 2) I authorize the release and disclosure of Minor Athlete’s name, training date, national governing body, and other relevant information, as needed, to authorized third parties (e.g., the U.S. Olympic Committee, the U.S. Center for SafeSport, etc.) for the purposes of demonstrating that Minor Athlete has completed the Training;
- 3) I agree to release USA Pentathlon Multisport and its officers, directors, employees, agents and volunteers from any and all liabilities, damages, losses and/or causes of action (collectively, “Claims”) that I may or Minor Athlete may suffer or have, including without limitation, to our persons or property or both, which arise out of, are related to or in connection with, or occur during or as a result of Minor Athlete’s participation in or attendance in the Training except to the extent any such Claims are caused by the gross negligence of willful misconduct of USA Pentathlon Multisport; and
- 4) I agree that this Authorization shall be governed by the laws of the state of Colorado without giving effect to any choice or conflict of law principles, and if any portion of this Authorization is held invalid, the remainder of the Authorization shall continue in full force and effect.

I certify that I am 18 years of age or older and the parent or legal guardian of the Minor Athlete. In addition, I certify that I have read, fully understand, and agree to the terms of this Authorization, and I sign it voluntarily with the full knowledge of its significance.

Minor Athlete Name

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date