



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 for the Minor Athlete to be trained in abuse prevention by taking the SafeSport Core Training (the "Training"). I also understand that the Minor Athlete is not 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 agree that I have had the opportunity to review the applicable terms, conditions, and/or policies (including, but not limited to, any applicable privacy policy), which are always available upon my request, and I agree to abide by them;
3. 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;
4. I agree to release New Jersey Youth Soccer and their respective 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 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 The US Center for SafeSport; and
5. I agree that this Authorization shall be governed by the laws of the state of New Jersey 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 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

Minor Athlete Date of Birth

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date

*****EMAIL THIS COMPLETED AUTHORIZATION TO SAFESPORT@NJYOUTHSOCCER.COM PRIOR TO MINOR ACCESSING AND COMPLETING THE COURSE*****