



# Survey Consent of Minor

I am the parent or legal guardian of \_\_\_\_\_, a minor (“Participant”). I understand the Participant may be asked to complete a confidential pre and post-program survey at the beginning and conclusion of the program. The survey measures student attitudes toward school, family, self and peers, as well as personal outcomes and opinions. Participant will not be asked to provide their name on the survey. The purpose of the survey is to measure any group attitudinal and health changes that occur because of participation in Washington Student Cycling League programs.

**I have read the above carefully before signing and give consent to survey Participant.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date