

Sports Nutrition Program Athlete Consent

Consent Agreement

I acknowledge that I have voluntarily chosen to participate in the Sports Nutrition Program. I understand that participation may involve the collection of health and nutrition information and the provision of recommendations designed to support my athletic performance.

I understand that all information will be handled confidentially and in accordance with applicable laws and regulations. I may withdraw from the program at any time without penalty.

I have had the opportunity to ask questions regarding the program and consent to participate.

Athlete Name

Team/Organization

Email Address

Signature

Date