



CLINICS, CAMPS & ACTIVITIES  
LIABILITY & RELEASE FORM  
(One Per Participant)

I, the undersigned parent/ legal guardian of \_\_\_\_\_ (print child's name), exercising my own free choice, give my consent for my child to participate voluntarily in the Lifesparq LLC. Clinic, Camp or activities, and hereby release and discharge, indemnify and hold harmless Lifesparq LLC. and its members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the afore- mentioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my child's participation in and/or presence at the above listed activities.

I acknowledge the hazards and risks which may be associated with my child's participation in these types of activities; I understand, accept, and assume those hazards and risks, and waive all claims against Lifesparq LLC. and other entities or persons set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my child's participation in normal or unusual acts associated with the above-named activities. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them.

After careful deliberation, I voluntarily give my consent and agree to this Release from Responsibility, Assumption of Risk, and Waiver.

I have read and acknowledge this day of \_\_\_\_\_ (enter date) I, \_\_\_\_\_ (printed name) , am the parent or legal guardian of the participant \_\_\_\_\_ (print child's name). I have read and understand the provisions of this document, I consent my child participating in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I, as the participating individual, voluntarily agree to the terms and conditions presented:

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Date

(Please email to [success@lifesparq.com](mailto:success@lifesparq.com) or bring with you on the first day of any Lifesparq Clinic, Camp or Activity – Participation will not be permitted without completed W&R form on file)