

LIABILITY WAIVER AGREEMENT

Most Recent Revision: 4/1/20

Client's name: _____

I hereby consent to _____ participating in services with *Life Skills Advocate, LLC*. I recognize that there is an assumption of risk when participating in services, and understand that, however unlikely, injuries can happen when participating in activities.

I also fully understand that those employed by or contracted with *Life Skills Advocate, LLC* are not physicians. With the above in mind, I hereby allow those employed by or contracted with *Life Skills Advocate, LLC* to render first aid in the event of an injury or illness, and if deemed necessary, to call a doctor and to seek medical help.

I understand that it is the express intent of *Life Skills Advocate, LLC* to provide for the safety and protection of my child (or myself) and I hereby release *Life Skills Advocate, LLC* from all liability for any and all damages and injuries suffered by my child (or myself) while under the instruction, supervision or control of *Life Skills Advocate, LLC*.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Print Name of Client

Date

Client Date of Birth

Signature of Parent/Guardian or Legal Representative

Relationship to Client

Signature of Client (if over 18)

Date