LIABILITY WAIVER AND RELEASE

Most Recent Revision: 1.23.2023

Client's name: _____

I hereby consent to the Client named above participating in services with *Life Skills Advocate, LLC*. I accept that there is a risk when participating in services, and understand that, however unlikely, injuries can happen when participating in services. I hereby assume all risks of participation in the services on my own behalf and, if applicable, on behalf of my minor child.

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). Therefore, I, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns hereby forever release, discharge, and covenant not to sue individual owners or members of Life Skills Advocate, LLC or their marital community, Life Skills Advocate, LLC, and their respective agents, officers, directors, employees, other participants, (collectively and individually referred to as "Released Parties") from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused directly or indirectly, in whole or in part, by the Released Parties' conduct or Released Parties' failure to act or in any way arising from or related to my participation in the services.

I agree that this Waiver and Release is governed by Washington law and is intended to be as broad and inclusive as Washington law permits. I agree that if a legal dispute arises under this agreement, I and Life skills Advocate, LLC will attempt to resolve the dispute through mutually cooperative negotiation in good faith. If negotiation is unsuccessful, the matter may then be submitted to mediation. If mediation is unsuccessful or declined, the matter shall be fully and finally settled by arbitration or litigation in King County, Washington, and the judgment upon award may be entered in any court having jurisdiction thereof. The attorneys' fees and costs of dispute resolution shall be borne by the non-prevailing Party unless the Parties stipulate otherwise or in such proportions as the mediator or arbitrator shall decide.

If any portion of this Waiver and Release is interpreted by a competent court to be unlawful or unenforceable, then such part shall be removed and the remaining provisions of this agreement shall continue in full legal force and effect.

By signing below, I agree to this Waiver and Release. I certify that I have read this Waiver and Release and I fully understand its content. I am aware that this is a release of liability and a contract and I sign it of my own free will.

Participant Printed Name: _____
Participant Signature: _____ Date: _____
Guardian Printed Name (if Participant is under 18): _____
Guardian Signature: _____ Date: _____

Received by:

Chris Hanson 1/23/23
Life Skills Advocate Representative Signature and Printed Name Date