



**LifeSmarts**  
*Learn it. Live it.*

Congratulations! Your team has qualified to compete in a live LifeSmarts Competition! To be eligible to compete at the next level, release forms are required from all members of your LifeSmarts team, including coaches, and from the Organization or School your team represents.

This packet contains:

- 1** Organization/School release form
- 5** Student release forms
- 1** Coach/Assistant Coach release form

These forms allow your team to participate in live LifeSmarts competitions. The data collected is used for both state and national competitions, if applicable. Please submit completed, legible forms by the deadline.

Please follow these steps:

- 1. These are “fillable” documents. Please complete all forms electronically**, then print them to distribute to the appropriate parties for signatures. All fields are required.
- 2.** Collect all forms before the paperwork due date for your state.
- 3.** Review all documents for signatures.
- 4.** Email scanned documents to [LifeSmarts@nclnet.org](mailto:LifeSmarts@nclnet.org), or fax them to 202-835-0747, Attention: LifeSmarts.

Good luck as you advance through competition! We hope to see you at Nationals!

Best regards,  
LifeSmarts team

**Tips:**

- The #1 cause for form rejection is lack of a student signature.
- Submit all forms together as a packet.
- Please do not allow students, parents or guardians to email/fax forms.
- You only need to send forms once – by either email or fax. If you prefer to send them by mail, the address is: National Consumers League, ATTN: LifeSmarts, 1701 K Street, NW, Suite 1200, Washington, DC 20006. Allow extra times if sending forms by mail.



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**Organization / School Permission and Release Form**

By signing below, I certify that the **Organization / School**, which I represent as the official **Representative**, gives its permission and consent for its staff/volunteer, whose name is noted below as the **Coach**, to take part in state and national LifeSmarts competitions.

The **Organization / School** gives its permission and consent to the National Consumers League (NCL) and the sponsors to use the **Organization / School** name in publicity and releases.

The **Organization / School** understands that participation in LifeSmarts may require travel to other areas and/or states, and may require its staff/volunteer to miss school/work.

The **Organization / School** agrees to the following terms in order for its staff/volunteer to participate in LifeSmarts:

1. The **Organization / School** releases and holds harmless NCL, sponsoring organizations, their agents and/or employees, from any harm or damage to its staff's/volunteer's person and/or property arising out of the staff's/volunteer's participation in LifeSmarts,
2. The **Organization / School** agrees that NCL is the sole owner of the rights to the LifeSmarts name, program, logo, materials, copyrights and service marks and all royalties, income and/or fees in connection with LifeSmarts.
3. The **Organization / School** waives all claims for payment of money in connection with its participation in LifeSmarts.

*All fields are required.*

**Organization/School** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Team Coach** \_\_\_\_\_ **Assistant Coach** \_\_\_\_\_

**Captain** \_\_\_\_\_ **Gender:** M F

**Player 2** \_\_\_\_\_ **Gender:** M F

**Player 3** \_\_\_\_\_ **Gender:** M F

**Player 4** \_\_\_\_\_ **Gender:** M F

**Player 5** \_\_\_\_\_ **Gender:** M F

**Team Name** \_\_\_\_\_

**Representative** \_\_\_\_\_ **Title** \_\_\_\_\_

**Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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### Student Permission and Release Form

By signing below, I certify that I understand that participation in LifeSmarts may require travel to other areas and/or states and may require me to miss some school or work. I am willing to agree to the following terms in order to participate in LifeSmarts:

1. I release and hold harmless the National Consumers League (NCL), sponsoring groups and/or organizations, their agents and/or employees, from any harm or damage to me or my property arising out of my participation in LifeSmarts.
2. I agree that NCL is the sole owner of the rights to the LifeSmarts name, program, logo, materials, copyrights and service marks and all royalties, income and/or fees in connection with LifeSmarts.
3. I waive all claims for payment of money in connection with my participation in LifeSmarts.
4. I grant to NCL, its agents and/or licensees, my unrestricted permission to use and re-use my name, photograph, and other likeness in any media for any purpose and for use in publicity and advertising in all media.

*All fields are required.*

Student \_\_\_\_\_ Team Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student is 18 years of age or older: Yes / No

### If NO is selected, participant's parent/legal guardian must complete and sign below:

By signing below, I certify that I am the parent/legal guardian of the above participant and have the authority to make this agreement on behalf of the participant. I give my permission and consent that the participant may take part in state and national LifeSmarts competitions. I agree to the foregoing terms on behalf of the participant.

Parent/LegalGuardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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*All fields are required.*

Student \_\_\_\_\_ Team Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student is 18 years of age or older: Yes / No

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Address \_\_\_\_\_

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Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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*All fields are required.*

Student \_\_\_\_\_ Team Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student is 18 years of age or older: Yes / No

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Parent/LegalGuardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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*All fields are required.*

Student \_\_\_\_\_ Team Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student is 18 years of age or older: Yes / No

### If NO is selected, participant's parent/legal guardian must complete and sign below:

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Parent/LegalGuardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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*All fields are required.*

Student \_\_\_\_\_ Team Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student is 18 years of age or older: Yes / No

### If NO is selected, participant's parent/legal guardian must complete and sign below:

By signing below, I certify that I am the parent/legal guardian of the above participant and have the authority to make this agreement on behalf of the participant. I give my permission and consent that the participant may take part in state and national LifeSmarts competitions. I agree to the foregoing terms on behalf of the participant.

Parent/LegalGuardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Coach Permission and Release Form**

By signing below, I certify that I understand that participation in LifeSmarts may require travel to other areas and/or states and may require me to miss some school or work. I am willing to agree to the following terms in order to participate in LifeSmarts:

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3. I waive all claims for payment of money in connection with my participation in LifeSmarts.
4. I grant to NCL, its agents and/or licensees, my unrestricted permission to use and re-use my name, photograph, and other likeness in any media for any purpose and for use in publicity and advertising in all media.

*All fields are required.*

**Team Name** \_\_\_\_\_

**Coach** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Coach Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Assistant Coach** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Assistant Coach Signature** \_\_\_\_\_ **Date** \_\_\_\_\_