



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 or virtual LifeSmarts competitions on the state or national levels. The data collected is used for both state and national competitions. Please submit completed forms by the deadline.

Please follow these steps:

1. **These are “fillable” documents. Please complete all forms electronically**, print them to distribute to the appropriate parties for signatures or add electronic signatures. All fields are required.
2. Collect all forms before the paperwork due date for your state or for the National LifeSmarts Championship.
3. Review all documents for signatures or approved electronic signatures.
4. Email scanned documents to Ryanb@nclnet.org.

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

Best regards,
The LifeSmarts Team

Tips:

- Submit all forms together as a packet.
- Please do not allow students, parents or guardians to email forms separately.



LifeSmarts
Learn it. Live it.

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 _____

Team name: _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone _____ **Fax** _____

Team Coach _____ **Assistant Coach** _____

Captain _____ **Gender:** M ___ F ___ Not listed ___

Player 2 _____ **Gender:** M ___ F ___ Not listed ___

Player 3 _____ **Gender:** M ___ F ___ Not listed ___

Player 4 _____ **Gender:** M ___ F ___ Not listed ___

Player 5 _____ **Gender:** M ___ F ___ Not listed ___

Team Name _____

School Representative _____ **Title** _____

School Representative Signature _____ **Date** _____



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** _____

Grade _____ **Email** (no school addresses) _____ **Cell phone:** _____

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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Student _____ **Team Name** _____

Address _____

City _____ **State** _____ **ZIP** _____

Grade _____ **Email** (no school addresses) _____ **Cell phone:** _____

Student Signature _____ **Date** _____

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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** _____

Grade _____ **Email** (no school addresses) _____ **Cell phone:** _____

Student Signature _____ **Date** _____

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All fields are required.

Student _____ **Team Name** _____

Address _____

City _____ **State** _____ **ZIP** _____

Grade _____ **Email** (no school addresses) _____ **Cell phone:** _____

Student Signature _____ **Date** _____

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

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All fields are required.

Student _____ **Team Name** _____

Address _____

City _____ **State** _____ **ZIP** _____

Grade _____ **Email** (no school addresses) _____ **Cell phone:** _____

Student Signature _____ **Date** _____

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Parent/LegalGuardian _____

Address _____

City _____ **State** _____ **ZIP** _____

Email _____ **Phone** _____

Parent/Legal Guardian Signature _____ **Date** _____



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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Team Name _____!

Coach _____ **Phone:** _____

Address _____

City _____ **State** _____ **ZIP** _____

Email _____ **Cell:** _____

Coach Signature _____ **Date** _____

Please include if you have an Assistant Coach.

Assistant Coach _____ **Phone:** _____

Address _____

City _____ **State** _____ **ZIP** _____

Email _____ **Cell** _____

Assistant Coach Signature _____ **Date** _____