

Release of Liability Form

I hereby agree to be responsible for the conduct and actions of myself/my child/my children and to release Legacy of Life Extension (LOLE), its board members and assignors from any claims and demands that may occur during and after participation in any of the Legacy of Life Extension Training Courses held at the Legacy Co-op and/or offsite locations for classes.

Furthermore, I agree to release Legacy of Life Extension and its employees, board members, and assignors and will hold them harmless from any liability which may arise from incidents or accidents involving myself/my child/my children while on the premises of the Legacy of Life Extension Training Courses at the Legacy Co-op and/or offsite locations for classes, to the extent allowed by the law.

This release will be valid for the following participant for the June Summer Term, and the July Summer Term of 2020 (please print):

Print Student Name: _____

Student Signature: _____

Date: _____

(If student is under 18 years of age)

Print Parent Name: _____

Parent Signature: _____

Date: _____