ADAM COLE SHAPIRO: AGREEMENT FOR PARTICIPATION
(INCLUDING WAIVERS, RELEASES OF POTENTIAL CLAIMS, AND STATEMENT OF OTHER OBLIGATIONS)

Participants Name:	Date of Birth::
Home Address:	Telephone:

Mr. Adam Cole Shapiro ("Coach") offers coaching and mentoring services that include hands-on activities and experiences, as well as verbal or written counseling (collectively, "Services") performed in various settings indoors and out, with varying degrees of risk. In consideration for participant's ("Participant") ability to participate in the Services, including travel to and from the Services, the Participant and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. I understand that the Services I will be receiving from the Coach are not offered as a substitute for professional mental health care or medical care and are not intended to diagnose, treat or cure any mental health or medical conditions. I also understand that my Coach is not acting as a mental health counselor or a medical professional.

2. All Services are voluntary and Participant agrees not to take part in anything that they feel uncomfortable or unsafe. Coach agrees to immediately discontinue any Services at the request of Participant.

3. Payment is due at time of Services, unless payment arrangements made previously, and no guarantees are provided as to the desired or undesired outcomes. I understand that all comments and ideas offered by my Coach are solely for the purpose of aiding me in achieving my defined goals. I have the ability to give my informed consent, and hereby give such consent to my coach to assist me in achieving such goals.

4. Coach agrees to protect Participant information as confidential unless Participant states otherwise in writing. If Participant reports any child, elder abuse or neglect or threaten to harm themself or someone else, Participant understands that necessary actions will be taken and this confidentiality clause limited in this capacity. Furthermore, if my Coach is ordered by a court to provide information or to testify, she will do so to the extent the law requires. Additionally, Participant understands that the use of technology is not always secure and accepts the risks of confidentiality in the use of email, text, phone, Skype and other technology.

5. Participation in Services might result in injuries, potentially including serious or life threatening injuries or death. Injuries might arise from the Participant's actions or inactions, the actions or inactions of another participant in Services, or the actual or alleged failure by the Coach employees, agents or volunteers to adequately coach, train, instruct, or supervise Services. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Services. All such risks are deemed to be inherent to the Participant's participation in Services. By this Agreement, the Participant and Adult are deemed to fully assume all such risks and, in consideration for the right of the Participant to participate in Services, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able to assert against the Coach, or any owner, employee, agent or volunteer of the Coach ("Released Parties") by or on behalf of the Participant or any parent, administrator, executor, trustee, guardian, assignee or family member, whether arising out of the negligence of the Released Parties or otherwise. Adult and Participant covenant not to make or bring any such claim against the Released Parties, and forever release and discharge the Released Parties from liability under such claims.

6. If an injury or medical emergency occurs during Services, the Coach employees, agents or volunteers have the Participant and/or Adult's express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Participant to an urgent care or emergency care provider. In such circumstances, notice to the Adult and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has the Participant and/or Adult's express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely the Participant and/or Adult's responsibility.

[Initials: _____]

7. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the Coach. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive understanding of the parties with regard to the subject matter contained herein, with no other representation relied upon by the Adult or Participant in determining whether to execute this Agreement or in agreeing to participate in Services.

BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE COHORT TO PARTICIPATE IN ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE CHILD, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (5) I HAVE EXPLAINED THIS AGREEMENT TO THE PARTICIPANT, WHO UNDERSTANDS HIS OBLIGATIONS.

As the Participant, I understand and agree to all of obligations placed on me by this Agreement:

_____

PRINTED NAME OF PARTICIPANT SIGNATURE DATE

If Participant is a minor, legal guardian must sign below:

_____

PRINTED NAME OF ADULT SIGNATURE DATE

EMERGENCY CONTACTS:

_____

PRINTED NAME OF ADULT PHONE RELATIONSHIP

_____

PRINTED NAME OF ADULT PHONE RELATIONSHIP

[Initials: _____]