The LifeStar Challenge Agreement

This Agreement between Healthy LifeStars and _____________________________ (Program Partner) identifies the key responsibilities for organizations implementing The LifeStar Challenge program. The items outlined address the major elements of The LifeStar Challenge that need to be completed for the program to be successful for all parties involved.

1. Program Partner and Healthy LifeStars are subject to the terms and conditions of this Agreement.

2. The Program Partner is responsible for the following, to ensure the proper implementation of The LifeStar Challenge Program:
   • Implementing The LifeStar Challenge Program based on online and in-person training provided by Healthy LifeStars
   • Providing program leadership
   • Designating an Administrative Program Contact and a LifeStar Challenge Coach
   • Recruiting participants into the program
   • Creating and implementing celebratory events for the participants as per training
   • Obtaining permission slips for each participating child
   • Providing physical space that is safe and appropriate for participants
   • Creating ways to motivate and recognize participants and volunteers
   • Maintaining regular communication with Healthy LifeStars, as appropriate, to schedule site visits and maintain program integrity
   • Ensuring as many Session Plans as possible (depending on length of implementation) are completed during implementation (i.e. if program runs for 16 sessions, 16 Session Plans must be completed; if program runs for 24 weeks, all 21 Session Plans must be completed (the coach can then decide to re-use any of the Session Plans, schedule the celebratory event, invite an outside speaker, etc. for the remaining sessions)
   • Completing the monthly survey by the designated deadline
   • Completing and returning the end of program survey and participants’ feedback at the end of the program
   • Sharing photos, videos, and testimonials with Healthy LifeStars throughout the season
   • Supporting and working together with Healthy LifeStars on Healthy LifeStars-initiated events at Program Partner sites (i.e. guest speakers, professional sports camps) and off-site (i.e. professional baseball game, Healthy Hikes, regional celebration events)
   • Authorizing Healthy LifeStars to use names, photos, videos, and other information concerning the Program Partner on Healthy LifeStars’ website and for promotional, fund development, research, and similar activities
   • Providing participant transportation if required (i.e., for participation in a community-wide celebratory event).

3. The LifeStar Challenge Program will provide Program Partner with The LifeStar Challenge tools, resources and access to the documents needed to implement the program, including:
   • In-person and online training for coaches
   • Printed coaches manual and session plans, if requested
   • Access to administrative documents that are online and will need to be printed
     o Permission Forms
     o Site Partner Info Sheet
     o Parent Letter
     o Session Plans (unless request made for print version that can be provided by Healthy LifeStars)
4. Program Partner agrees to fully implement a complete LifeStar Challenge season, which must be at least 6-weeks in duration unless otherwise agreed upon. Either Healthy LifeStars or Program Partner may terminate this Agreement after completion of The LifeStar Challenge season by notifying the other party in writing. Termination by any single Program Partner shall not affect continued participation in The LifeStar Challenge Program by other Program Partners that remain party to this Agreement (i.e. one YMCA whereas this agreement covers all YMCAs in Phoenix).

5. Healthy LifeStars reserves the right to discontinue this agreement if the Program Partner fails to respond to agreed-upon communication from Healthy LifeStars, complete monthly surveys or fails to implement the program according to standards or not at all.

6. Program Partner agrees that Healthy LifeStars, its employees, board members, volunteers, and other individuals affiliated with the organization as well as its sponsors (collectively, the HLS Parties) shall have no liability, and each Program Partner releases the HLS Parties and agrees to indemnify and hold the HLS Parties harmless from any liabilities, claims or damages arising out of or in connection with such Program Partner's (and any children's') participation in The LifeStar Challenge Program.

7. In connection with Program Partner’s participation in The LifeStar Challenge Program, Healthy LifeStars will provide the Program Partner with training, toolkits, session plans, materials and other information developed by Healthy LifeStars. The Program Partner agrees that all intellectual property rights in and to any toolkits, session plans, materials and other information, in any form or media, made available by Healthy LifeStars to the Program Partner in connection with The LifeStar Challenge Program will be owned exclusively by Healthy LifeStars and will be used by the Program Partner solely in connection with their facilitation of and participation in The LifeStar Challenge Program. Any improvements, modifications or additions to The LifeStar Challenge or program materials developed in the course of any Program Partner’s facilitation of or participation in The LifeStar Challenge Program, whether developed by Healthy LifeStars or by any of the Program Partner’s personnel either alone or jointly with Healthy LifeStars, and all intellectual property rights therein, will be owned by Healthy LifeStars except:

- Where materials previously developed solely by the Program Partner are used by Healthy LifeStars, these materials shall continue to be owned by the Program Partner, and Healthy LifeStars shall have the right to use the previously developed materials without charge in connection with The LifeStar Challenge or other work of Healthy LifeStars and will appropriately acknowledge the materials have been developed by the Program Partner.

- Any materials jointly developed by Healthy LifeStars and the Program Partner can be used by the Program Partner for non-profit purposes as long as such use does not compete with Healthy LifeStars’ programs and efforts and if appropriate acknowledgement is given that the materials have been jointly developed with Healthy LifeStars.
Program Partner

Print Name ____________________________ Date ____________________
Title ____________________________ Work Phone ____________________
Email ____________________________ Mobile Phone ____________________
Signature ____________________________

Supervisor’s Name ____________________________ Date ____________________
Title ____________________________ Work Phone ____________________
Email ____________________________ Mobile Phone ____________________
Signature ____________________________

Healthy LifeStars

Print Name ____________________________ Date ____________________
Title ____________________________

Signature ____________________________
Partner Organization Name: _______________________________________________________

Site Name (if different than above): ________________________________________________

Site Address: __________________________________________________________________

City: __________________________ State: ___________ Zip Code: ________________

Mailing Address (if different than above): _________________________________________

Mailing Address (cont.): _________________________________________________________

Site Administrator/Supervisor/Principal Information

Name: __________________________ Title: __________________________________________

Work Phone: ______________________ Cell Phone: ________________________________

Email: ___________________________________________________________________________

Coach Information

Name: __________________________ Title: __________________________________________

Work Phone: ______________________ Cell Phone: ________________________________

Email: ___________________________________________________________________________

Best Day/Time to Reach Via Phone: ___________ Birthdate (month/day): _______________

The LifeStar Challenge Information

Anticipated Session Start Date: ______________ Anticipated Session End Date: __________

Which days will you run The LifeStar Challenge? ______________________________________

How long will each session be (in minutes)? _________________________________________

How many kids do you anticipate participating in the program? _________________________

At work, do you have easy access to a computer/tablet/device for downloading the Session Plans and responding to the monthly surveys? ____________________________________________

Would you like a hard-copy booklet of all of the Session Plans? _________________________

Additional comments:
# LifeStar Challenge Student Enrollment and Permission Form

School/Organization: ____________________________________________

<table>
<thead>
<tr>
<th>Student's First and Last Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade</td>
<td>Age</td>
</tr>
<tr>
<td>Parent/Guardian email address</td>
<td></td>
</tr>
</tbody>
</table>

**CONSENT AND RELEASE FROM LIABILITY (Must be signed by parent or guardian)**

This is to certify that my son/daughter has my permission to participate in the Healthy LifeStars Program and related events (HLS Programs), and is in good physical condition. I voluntarily discharge and release Healthy LifeStars, its sponsors, my child’s school district and school and any agencies whose property or personnel are used in connection with the HLS Programs, and the employees, volunteers and other individuals affiliated with any of the foregoing, from any liability or claims for any injuries (including death) or damages my son or daughter may suffer as a result of or in connection with my child’s participation in the HLS Program. I further authorize the use of photos or videos of my child and other information concerning my child collected during the HLS Program for promotional, fund development, research and similar activities. All names and other data will be kept private to protect the identity of the participants. I certify that all information provided in this form is true and complete. I have read the information provided in connection with the HLS Program and certify my compliance as well as my agreement to be bound by the terms of Consent and Release from Liability by my signature below.

NAME OF PARTICIPANT ____________________________________________

SIGNATURE OF PARENT/GUARDIAN _______________________________ DATE ________

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**LifeStar Challenge** formulario para matrícula y permiso

Escuela/Organización: ________________________________________________________________

<table>
<thead>
<tr>
<th>Nombre y apellido del alumno</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivel/grado</td>
<td>Edad</td>
</tr>
<tr>
<td>Correo electrónico de los padres/guardianes</td>
<td></td>
</tr>
</tbody>
</table>

**CONSENTIMIENTO Y LIBERACION DE OBLIGACIONES** (Tiene que firmarse por uno de los padres y por un/a guardián)

Este formulario certifica que mi hijo/hija tiene mi permiso para participar en el Programa Healthy LifeStars y eventos relacionados (Programas HLS), y que mi hijo/hija está en buenas condiciones físicas. Yo voluntariamente condono y libero a Healthy LifeStars, sus patrocinadores, al distrito escolar de mi hijo/hija y a su escuela y a cualquier agencia cuya propiedad o cuyo personal se usen en relación con los programas HLS, y a los empleados, a los voluntarios y a otros individuos afiliados con cualquiera parte de lo anterior, y de cualquier obligación o demanda por heridas (incluso la muerte) o daños que pueda sufrir mi hijo/hija como resultado de o en relación con la participación de mi hijo/hija en el Programa HLS. Además, autorizo el uso de fotos o videos de mi hijo/hija y otra información sobre mi hijo/hija recopilada durante el programa HLS para actividades comerciales, para el recaudo de fondos, para investigaciones y semejantes. Todos los nombres y otros datos se mantendrán en privado para proteger la identidad de los participantes. Certifico que toda la información en este formulario es cierta y completa. He leído la información proveída en relación al Programa HLS y certifico mi consentimiento tanto como mi acuerdo para cumplir con los términos del Consentimiento y Libertad de obligaciones por mi firma abajo.

**NOMBRE DEL PARTICIPANTE**

**FIRMA DE PADRE/GUARDIAN**

______________________________  __________________________

**FECHA**

__________________________  2015 © Healthy LifeStars. Derechos reservados.
Dear Parent,

Welcome to The LifeStar Challenge!

Healthy LifeStars and the (Organization) are excited to bring The LifeStar Challenge to your community.

This fun program teaches kids some very important things about living healthy, active lives and provides them with tools to help them continue on that journey as they grow.

The (Organization) will be offering a (fill in the blank) week program, which begins by teaching your kids about goal setting. They will learn how to set goals and how to meet the goals.

Your son/daughter will learn about Healthy LifeStars three Healthy Life Habits:

- **I Can Do It!** - How to set and achieve personal health goals.
- **I’m Active!** - How to include vigorous physical activity into my life every day.
- **I Eat Right!** - How to eat the right foods in the right amounts.

Each session the kids will cover different health topics. At the end of the program, the kids are asked to make a commitment to live an active, healthy life now and in the future.

You have a big role in your child’s healthy living! Here are the things you need to do for your child to be a part of the Healthy LifeStars program.

⭐ Please sign the attached permission form and return it to (Coach name).

⭐ Please help and support your child (children) to make healthy choices for snacks and meals.

As always, your Coach, (Coach Name and Contact), and Healthy LifeStars are here to help your kids become the true LifeStars they want to be!

Sincerely,

The LifeStar Challenge Team
Queridos padres,
¡Bienvenido al LifeStar Challenge!

Healthy LifeStars y la (Organización) están muy emocionados de traer el LifeStar Challenge a su comunidad.

Este programa divertido enseña a los niños algunas cosas muy importantes acerca de la vida saludable y activa y los provee con las herramientas para ayudarles a seguir en ese camino a medida que crezcan.

La (Organización) estará ofreciendo un programa de (llene el espacio) semanas, que comienza por enseñar a sus hijos a trazarse metas y como obtenerlos.

Su hijo/hija aprenderá acerca de los tres hábitos de la vida saludable (Healthy Life Habits):

¡Puedo Hacerlo! - Cómo establecer y lograr metas personales de salud.
¡Soy Activo! - Cómo incluir actividades físicas vigorosas en mi vida cada día.
¡Como Saludable! - Cómo comer los alimentos adecuados en las cantidades correctas.

Cada sesión va a cubrir los distintos temas de salud. Al final del programa, los niños se les pide que tomen el compromiso de vivir una vida activa y saludable ahora y en el futuro.

¡Usted tiene un papel muy importante en su vida saludable! Aquí están las cosas que necesita hacer para que su hijo sea parte de la programa Healthy LifeStars .

★ Por favor firmar el formulario de permiso y de volverlo al (nombre del entrenador).
★ Por favor apoyarlos a tomar decisiones saludables para bocadillos y comidas y pasa más tiempo realizando actividades físicas con ellos

Como siempre, su entrenador, (Entrenador Nombre y contacto), y Healthy LifeStars están aquí para ayudar a que sus hijos se conviertan en el verdadero LifeStars que quieren ser!

Sinceramente,

El Equipo de Healthy LifeStars
Is a LifeStar!

A LifeStar is a person who knows how to live an active healthy life and takes responsibility for doing it EVERY DAY!

Organization ____________________________________________

Date ____________________________________________________

Coach _________________________________________________