



SCIENCES

Parental Consent Form

I (Print Name) _____ am the parent/legal guardian of (Print Name) _____ and I give permission for him/her to enroll and participate as an Ambassador with Q Sciences effective (date) _____. By signing this I understand, as the legal adult of the account, I assume full responsibility for the account and any tax implications.

Parent/Legal Guardian Signature:

Please submit the completed Parental Consent Form to compliance@qsciences.com. If you have any questions or would like to check the status of your request, please contact Compliance by email. Please allow 48-72 hours for processing.