

# Peak Area Leadership in Science Personal Information,\* Liability Release and Photograph Info 2016/2017

*PLEASE print legibly*

Full Name\*\*: \_\_\_\_\_

Primary Email Address\*\*: \_\_\_\_\_ school home other (circle one)

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ school home other (circle one)

Your Current School District : \_\_\_\_\_ and School Name: \_\_\_\_\_

Current Grade(s): \_\_\_\_\_ and Subject(s) Teaching : \_\_\_\_\_

Check here if you are retired from teaching. From what district did you retire? \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Other contact information (another e-mail? phone?): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Telephone Number (if different from yours): (\_\_\_\_\_) \_\_\_\_\_

Do you (participant) have medical, physical limitations or allergies that should be brought to our attention? Y N

If so, please describe \_\_\_\_\_

\*NOTE: This information will only be used for HUB purposes and will NOT be shared with any other entities.

\*\* This information will be used in generating your documentation of clock hours from D12 (If you do not request college credit through Colorado School of Mines.) Certificates will be sent out by e-mail ONLY this year – sometime in June 2017, so it is very important we have your full name and current e-mail on file.

## **General Liability:**

Although Peak Area Leadership in Science (PALS) has done everything possible to ensure that our participants have a safe and enjoyable experience, we need to inform you that there are inherent risks involved with participating in our programs. During activities participants will be exposed to situations that can cause accidental injury, illness, or in extreme cases, death. We do not want to reduce your enthusiasm for our programs, but we want you to be aware, in advance, of the possible risks.

## **Acknowledgment of Risk:**

I certify that I have read the above statement regarding the possible risks. I assume full responsibility for myself in the case of bodily injury, death, or loss of personal property and expenses thereof, as a result of my participation. I further certify that I am in good physical condition and able to undertake this program.

I agree to indemnify and hold harmless PALS, their agents, and employees from all claims, damages, losses, injuries and expenses arising out of, or resulting from, my participation in any activity with PALS that are a result of my negligence or accident. I further agree to release, acquit, and covenant not to sue PALS, their agents, employees or contractors for any and all actions, causes of action claims, or damages as well as damages in law, or remedies in equity of whatever kind resulting from my negligence.

I, of my own free will, understand and acknowledge the risks and liability for myself on this date and for all subsequent programs during the school year 2016-2017 with PALS.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Photo Information:** I recognize that both hub coordinators and other participants may take photos during PALS activities. Sometimes these photos – accompanied by names - are used on the PALS web site for advertising. In placing my initials below, I acknowledge that the Peak Area Leadership in Science may use my name and photographic likenesses in all forms and media for advertising and any other lawful purposes. If I do NOT want my photograph and/or name used, I will let the photographer know at the time the photo is taken so the photo will not be used!

Initial here to show you understand our photo policy: \_\_\_\_\_