Peak Area Leadership in Science Personal Information *

Contact Information, Liability Release & Photograph Info 2026/2027

PLEASE print legibly

Full Name:** _____

Primary (Best) Email Address:** _____

Alternate Email Address **(optional):** _____

Primary Phone: (_____) _____ **mobile home other (circle one)**

Classroom Teacher? Your Current School District : _____ **School Name:** _____

Grade Level: ☐ **Secondary Course(s):** _____

☐ **Elementary Subject(s) currently teaching:** ☐ **All** ☐ **Science only** ☐ _____

Approximate # of students you teach this year: _____

Substitute Teacher? _____ **Retired from Teaching? From what district did you retire?** _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Telephone Number (if different from above): (_____) _____

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 contact hours. Certificates will be sent out by email in June 2027, so it is particularly important that we have your full name and current email 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.

For the 2026-2027 school year, use of masks and social distancing are the discretion of the participants, but are not required unless dictated by a specific venue. I will monitor my own health and not attend Hub workshops when feeling ill. I understand that there are inherent risks for the spread of illness involved with any large gathering of people.

Photo Information: I recognize that both Hub Coordinators and other participants may take photos during PALS activities. Sometimes these photos (and participant names) are posted on the PALS Facebook page and/or may be used in grant reports. In signing 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.

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 2026-2027 school year with PALS. I further acknowledge the photo information provided above.

Date: _____ **Signature:** _____