

# PEAKS Participant Waiver & Release of Liability

PEAKS – Play Educate Adventure Kids of the Sierras

---

## Participant Information

Child's Full Name: \_\_\_\_\_

Date of Birth / Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact Information

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

Relationship to Child: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## Medical Information

Medical Conditions / Allergies / Medications: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Insurance Provider / Policy Number: \_\_\_\_\_

## Acknowledgement of Risk & Liability Waiver

I understand that participation in PEAKS activities includes inherent risks associated with outdoor recreation, transportation, physical activity, and adventure-based programming. Activities may include hiking, rafting, climbing, swimming, ropes courses, transportation in PEAKS vehicles, and other outdoor activities throughout Northern Nevada and Northern California. I voluntarily assume all risks associated with participation in PEAKS activities and release PEAKS, its owners, employees, volunteers, contractors, and affiliates from liability arising from participation, except in cases of gross negligence or intentional misconduct.

## Medical Authorization

In the event of an emergency, I authorize PEAKS staff to obtain emergency medical care for my child if I cannot be reached immediately.

Parent/Guardian Initials: \_\_\_\_\_

## Transportation Permission

I authorize my child to be transported in PEAKS vehicles or approved transportation arrangements for scheduled activities and excursions.

Parent/Guardian Initials: \_\_\_\_\_

### **Photo & Media Release**

YES — I grant permission  NO — I do not grant permission

### **Behavior Expectations**

Participants are expected to follow staff instructions, respect others, follow safety rules, and care for equipment, animals, and natural spaces. PEAKS reserves the right to remove participants from activities for unsafe or disruptive behavior.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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