

WELCOME TO THE PEAK **JUNGLE CHILDCARE & SUMMIT**

NAME _____

_____ NUT FREE

_____ VACCINATION

_____ WAIVER SIGNED

_____ INFO SHEET WITH FULL ADDRESS

_____ PHOTO RELEASE SIGNED

_____ EMPLOYEE, WHAT DEPARTMENT _____

REGISTRATION



REGISTRATION

JUNGLE CHILDCARE / SUMMIT

Jungle Summit

PEAK Member Guest PEAK Staff Alpine PT Staff

Child(ren)'s Last Name _____

Parent's Last Name _____

Mother's Name _____ Mother's Cell # _____

Father's Name _____ Father's Cell # _____

Home Address _____ City _____ Zip _____

Home Telephone _____

Child's Name _____ Child's Birthday ____ / ____ / ____

Child's Name _____ Child's Birthday ____ / ____ / ____

Child's Name _____ Child's Birthday ____ / ____ / ____

Child's Name _____ Child's Birthday ____ / ____ / ____

Special Instructions _____

Doctors Name _____ Doctors Phone _____

Food Allergies _____

Name of other people who are permitted to pick up your child(ren).

Name _____ Relation to Child _____

Name _____ Relation to Child _____

Signature

Date

Waiver of Liability for the Participants in the Jungle & Summit at the PEAK

Indemnification of The PEAK of any liability from children's attendance in the Jungle (Child care) & Summit at The PEAK.

Waiver of Liability

I, _____ voluntarily assume any and all risk of loss, damage or injury of any kind whatsoever to myself, or my child(ren), _____, or property from their use of the JUNGLE, and any and all equipment and facilities of The PEAK and their presence on PEAK property.

Any and all liability on the part of the JUNGLE & Summit and The PEAK, its staff, personnel and agents, and the officers, directors and shareholders of The PEAK Health and Wellness, LLC, arising out of the use of the JUNGLE & Summit and the PEAK, its facilities and equipment is expressly waived.

As a member or guest of The PEAK , using the JUNGLE for my child(ren); by my signature I declare that

I have read this material and understand it to be a complete waiver and release in favor of The PEAK of any and all liability for loss, damage or injury of any kind whatsoever to myself and/or my child(ren), their property from use of any and all equipment and facilities of the JUNGLE & Summit and the PEAK and of their presence on PEAK property.

I UNDERSTAND AND AGREE THAT I AM LEGALLY BOUND BY THE CONTENTS OF THIS AGREEMENT.

Signature

Date

Child(ren)'s names

I authorize the JUNGLE to apply bandages, diaper rash cream and sunscreen to my child if needed.

Signature

Date



Photo Release

I hereby give PEAK Health & Wellness, their assignees and their photographer, acting with PEAK authority and permission, and solely for PEAK business the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me/my child or in which I/my child may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own name/my child's name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever. I permit the use of any printed material in connection therewith.

I hereby relinquish any right that I/my child may have to examine or approve the completed product, products, advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

I affirm that I am of or over the age of 18, or am the legal guardian of, and have the right to contract in my own/my child's name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me/my child and my heirs, legal representatives and assignees.

Print Name of Model: _____

Printed Name of Guardian if Model is a minor: _____

Signed by Model or Guardian if Model is a minor: _____

Date: _____