

**PEAKES BROOK FARM
PROGRAM & LIABILITY WAIVER**

Program you are registering for: _____

Child's Name: _____ D.O.B: _____

Additional Child's Name: _____ D.O.B: _____

Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Phone Number: _____

Please list any **allergies, dietary restrictions, or medical conditions** to be aware of:

Photo Release:

_____ YES, I allow Peakes Brook Farm to use photos of me and my child/children for marketing and promotional purposes.

_____ NO, I do not allow Peakes Brook Farm to use photos of me and my child/children for marketing and promotional purposes

Liability Release:

I release Peakes Brook Farm from any and all liability whatsoever for any and all damages, losses, injuries, or sickness to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, and legal or medical expenses which arise out of, during or in connection with my child's (or children's) participation in the aforementioned program.

Parent or Legal Guardian

Date

Please email to jenine.osbon@gmail.com or mail back with full program amount to:

Jenine Osbon
1260 Peakes Brook Road
Delhi, NY 13753

Precautionary Coronavirus Liability Release Form

Due to the 2019-2020 outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include: • Fever • Fatigue • Dry cough • Difficulty breathing

I, _____ agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID19 within the last 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a “hot spot” for COVID-19 infections within the last 30 days.

By signing below I agree to each above statement and release all participants in the programs at Peakes Brook Farm from any and all liability for the unintentional exposure or harm due to COVID-19.

Signature _____ Date _____