

High School Labs Course Authorization and Release

_____ I hereby authorize _____ (my child or ward, the "child") to participate in the **High School Labs Course** and in all activities involved with the class at the Answers in Genesis Creation Museum for the 2019-2020 school year.

_____ I understand that there are risks associated with one's participation in the class, including but not limited to risks of handling glass slides, exposure to microscopic organisms, preserved and living specimens, outdoor activities, exposure to live animals, and potentially harmful materials, if improperly handled.

_____ I hereby release, and agree to indemnify and hold harmless, Answers in Genesis, and all its directors, officers, employees, volunteers, agents and representatives from and against any and all liabilities, loss, or damage to persons or property which may occur in connection with the program, to the fullest extent permitted by law. I agree to assume all risks associated with my child's participation in the program.

_____ I acknowledge that in connection with the child's participation in the **High School Labs** class, the participants will be using college-level microscopes, high-quality prepared slides, glassware, Bunsen burners, and other related equipment provided by the Creation Museum (collectively, the "equipment"). I understand that this equipment must be handled with care, and that it is easily damaged and expensive to replace. The child will be so instructed.

_____ I acknowledge that I will be responsible for any loss or damage of equipment due to any improper use of the equipment by the child during his or her participation in the class, including responsibility for any replacement costs incurred as a result of any such misuse.

_____ I hereby authorize Answers in Genesis public safety personnel, and other employees, volunteers, agents, and representatives of Answers in Genesis to render emergency medical care to my child within their scope of training, and to act on my behalf to consent to any medical, hospital or emergency care or treatment deemed to be necessary or advisable for the child upon the advice of any licensed physicians, dentists, nurses, or emergency medical personnel.

_____ I understand that students are not permitted to use cell phones during the class period, and I hereby authorize Answers in Genesis **High School Labs** instructors to confiscate my child's cell phone for the length of the class period and return it at the end of class.

_____ I hereby authorize my child to be transported to an emergency medical care center if the need arises.

_____ I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

_____ I hereby authorize my child to be photographed and/or video recorded for Answers in Genesis promotional purposes.

_____ I agree to indemnify and hold harmless Answers in Genesis, its employees, agents and representatives, from any and all liability in connection with such medical treatment.

Printed name of participant

Signature of participant

Date

Printed name of parent or guardian

Signature of parent/guardian

Date