CREATION MUSEUM
Creation Caving Adventure at Cumberland Caverns, McMinnville, TN
March 16 & 17, 2019

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

I acknowledge that there are risks of personal injury for persons engaging in such activities, and I represent that I am in good physical condition and am able to participate in such activities.

If participant is a minor, then acceptance of the Release is made on behalf of such minor by the parent or guardian noted below.

Names of Adults in Group

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Signature
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Minors in Group

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Signature of Parent or Guardian
_________________________________________________________________

Emergency Contact Name
_________________________________________________________________

Emergency Contact Phone
_________________________________________________________________
CUMBERLAND CAVERNS
Adventure Trip Release Form

ACKNOWLEDGMENT OF RISKS
I, the undersigned person request and am granted permission to enter Cumberland Caverns to participate in a Spelunking Adventure Trip. I am aware I will be crawling in relatively small passages, climbing up and down ladders, walking and crawling over loose and slippery rocks and walking through muddy passageways. Furthermore, I understand that certain risks and dangers exist in this activity which may result in serious injury. I am aware that in signing this document on my behalf, or on behalf of my minor child and/or ward, for participation in Cumberland Caverns’ Adventure Trip that certain elements of the activity are physically and mentally demanding.

EXPRESS ASSUMPTION OF RISK AND PERSONAL RESPONSIBILITY
I confirm that I am physically and mentally capable of participating in the activity. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation. I confirm that I will stay within permitted areas, within my group and in close contact with Cumberland Caverns guide and/or staff members during my time in the cave.

RELEASE OF LIABILITY
In consideration of the service and facilities provided, I, for myself; and for my minor child, do hereby release, waive, and discharge Cumberland Caverns, their officers, employees, principals, directors, agents, and volunteers from any and all liability to the undersigned’s personal representatives, assigns, heirs and next of kin, for any of any and all injury, disability, death, or loss or damage, to personal property.

SCOPE OF RELEASE AND INDEMNITY
The undersigned expressly agrees that this release is intended to be as broad and inclusive as permitted by the law of the State of Tennessee. Further, I give Cumberland Caverns permission to use photo and video taken at this facility in promotional materials.

I have read this document and I understand it is a release of all claims. I understand and assume all risk inherent. I voluntarily sign my name evidencing my acceptance of the above provisions.

Group Name: Creation Museum Activity Date: 3/16-17/19 (please check one) ☐ Adult ☐ Child

Name: ___________________________ Minor Child’s Name (if under 18): ___________________________

City: ___________________________ State: ___________________________ Zip: __________ Phone: ___________________________

Signature: ___________________________ Date Signed: ___________________________

(Adults should sign for themselves. A parent or guardian should sign for minors)

1437 Cumberland Caverns Road, McMinnville, TN 37110, Phone: 931-688-4396, Fax: 931-688-5382, E-mail: info@cumberlandcaverns.com, web: www.cumberlandcaverns.com

CUMBERLAND CAVERNS
Adventure Trip Release Form

ACKNOWLEDGMENT OF RISKS
I, the undersigned person request and am granted permission to enter Cumberland Caverns to participate in a Spelunking Adventure Trip. I am aware I will be crawling in relatively small passages, climbing up and down ladders, walking and crawling over loose and slippery rocks and walking through muddy passageways. Furthermore, I understand that certain risks and dangers exist in this activity which may result in serious injury. I am aware that in signing this document on my behalf, or on behalf of my minor child and/or ward, for participation in Cumberland Caverns’ Adventure Trip that certain elements of the activity are physically and mentally demanding.

EXPRESS ASSUMPTION OF RISK AND PERSONAL RESPONSIBILITY
I confirm that I am physically and mentally capable of participating in the activity. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation. I confirm that I will stay within permitted areas, within my group and in close contact with Cumberland Caverns guide and/or staff members during my time in the cave.

RELEASE OF LIABILITY
In consideration of the service and facilities provided, I, for myself; and for my minor child, do hereby release, waive, and discharge Cumberland Caverns, their officers, employees, principals, directors, agents, and volunteers from any and all liability to the undersigned’s personal representatives, assigns, heirs and next of kin, for any of any and all injury, disability, death, or loss or damage, to personal property.

SCOPE OF RELEASE AND INDEMNITY
The undersigned expressly agrees that this release is intended to be as broad and inclusive as permitted by the law of the State of Tennessee. Further, I give Cumberland Caverns permission to use photo and video taken at this facility in promotional materials.

I have read this document and I understand it is a release of all claims. I understand and assume all risk inherent. I voluntarily sign my name evidencing my acceptance of the above provisions.

Group Name: Creation Museum Activity Date: 3/16-17/19 (please check one) ☐ Adult ☐ Child

Name: ___________________________ Minor Child’s Name (if under 18): ___________________________

City: ___________________________ State: ___________________________ Zip: __________ Phone: ___________________________

Signature: ___________________________ Date Signed: ___________________________

(Adults should sign for themselves. A parent or guardian should sign for minors)

1437 Cumberland Caverns Road, McMinnville, TN 37110, Phone: 931-688-4396, Fax: 931-688-5382, E-mail: info@cumberlandcaverns.com, web: www.cumberlandcaverns.com