

Explore Days Participant Information

Thank you for registering for Explore Days, sponsored by Answers in Genesis, Inc., or by Ark Encounter, LLC or its parent company, Crosswater Canyon, Inc. (collectively, or as applicable, the “Company”).

Please provide the following information to complete your reservation:

Name of participant:

Age of participant:

Participant cell phone number (if applicable):

Parent name:

Parent contact number:

Emergency contact name:

contact number:

Relationship to the participant:

Family Physician:

business phone:

Medical Insurance Company:

Medical Insurance ID number:

Participant Medical History

Is child in good health?

List any physical impairments (such as heart, epilepsy, diabetes, etc.):

List **all** food allergies and/or health concerns:

List any other Explore Day attendees your student would like to be grouped with:

Specify any medication the child will be bringing or administering to themselves for emergencies, such as epi-pen, inhaler, insulin, etc.:

List any other concerns the Company staff needs to be aware of:

Explore Days Authorization and Release

_____ I hereby authorize _____ (my child or ward, the “child”) to participate in the *Explore Days* program and in all activities involved with the Class, sponsored by Answers in Genesis, or by Ark Encounter, LLC, or their affiliates. (collectively, or as applicable, the “Company”).

_____ I understand that my child or ward will be under the supervision and care of the Company programs staff.

_____ I understand that I must identify any behavioral and/or health concerns to the Company staff prior to the day of the program.

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

_____ I hereby release, and agree to indemnify and hold harmless, the Company, and all its directors, officers, employees, 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, the services, materials and equipment provided, or the facility or premises.

_____ I acknowledge that, although the Company has taken special precautions to secure the safety of guests, program participants, and their families in order to prevent exposure to COVID-19 (coronavirus), or other viruses or health risks, no facility can guarantee against the risk of such exposure. I agree to assume the risk of such exposure and waive the right to bring suit for any such exposure in any way related to my child’s participation in the program, the services, equipment and materials provided, or the facility or premises, to the fullest extent permitted by law.

_____ I acknowledge that in connection with the child’s participation in the *Explore Days* program, the participants may be using college-level microscopes and high-quality prepared slides provided by the Company (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.

Explore Days Authorization and Release

_____ I understand that students are not permitted to use cell phones during the class period, and I hereby authorize the Company *Explore Days* staff to confiscate my child's cell phone for the length of the class period and return it at the end of class.

_____ I give permission for my child to be photographed and/or videotaped for promotional Purposes of the Company.

Printed name of participant

Signature of participant

Date

Printed name of parent/guardian

Signature of parent/guardian

Date

Explore Adult Participant Waiver

Thank you for registering for the Explore Program, sponsored by Answers in Genesis, Inc., or by Ark Encounter, LLC or its parent company, Crosswater Canyon, Inc. (collectively, or as applicable, the “Company”).

Please fill out the information below and bring it with you when checking in.

Adult participant name: _____

Adult participant contact number: _____

Relationship to child participant(s): _____

_____ I acknowledge that I am an adult, over the age of 18.

_____ I understand I am fully responsible for supervising and assisting my child or ward for the duration of the program.

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

_____ I hereby release, and agree to indemnify and hold harmless, the Company, and all its directors, officers, employees, 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 acknowledge that, although the Company has taken special precautions to secure the safety of guests, program participants, and their families in order to prevent exposure to COVID-19 (coronavirus), or other viruses or health risks, no facility can guarantee against the risk of such exposure. I agree to assume the risk of such exposure and waive the right to bring suit for any such exposure in any way related to my child’s participation in the program, the services, equipment and materials provided, or the facility or premises, to the fullest extent permitted by law.

_____ I agree to assume all risks associated with my participation in the program.

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

_____ I give permission to be photographed and/or videotaped for promotional purposes by the Company.

Signature of adult participant

Date