

Explore Days Participant Information

Thank you for registering for Explore Days.

Please provide the following information to complete your reservation.

Name of participant:

Age of participant:

Participant cell phone number:

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.):

Specify any medication that must be administered:

Participant food allergies and/or health concerns:

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

Any other concerns the Creation Museum 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 at the Answers in Genesis Creation Museum for the 2019-2020 year.

_____ I understand that my child or ward will be under the supervision and care of the Answers in Genesis Creation Museum staff.

_____ I understand that I must identify any behavioral and/or health concerns to the Answers in Genesis Creation Museum staff prior to the day 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, Answers in Genesis, 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.

_____ I acknowledge that in connection with the child’s participation in the *Explore Days* program, the participants will be using college-level microscopes and high-quality prepared slides 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 understand that students are not permitted to use cell phones during the class period, and I hereby authorize Answers in Genesis *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 AiG promotional purposes.

Printed name of participant

Signature of participant

Date

Printed name of parent or guardian

Signature of parent/guardian

Date