

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 2020-2021 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 acknowledge that, although Answers in Genesis 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 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 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.

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_____ 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

High School Lab Course Participant Information 2020-2021

Thank you for registering for the High School Lab Course at the Creation Museum. Please provide the following information to complete your reservation.

Personal Information

Name of participant: _____

Age of participant: _____

Participant email: _____

Participant cell phone: _____

Parent/Guardian name: _____

Parent/Guardian cell number: _____

Parent/Guardian email: _____

Emergency contact name: _____

Emergency contact number: _____

Relationship to the participant: _____

Family Physician: _____ business phone: _____

Medical Insurance Company: _____

Medical Insurance ID number: _____

My child will be (check one):

dropped off and picked up for the High School Lab

driving themselves to the High School Lab

Participant Medical History

Please tell us about any health/medical needs that would allow us to best support your child, keep him/her safe, and allow us to create an effective learning environment for everyone.

Is child in good health? _____

Date of last Tetanus shot: _____

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

Food allergies (leave blank if none): _____

My child's allergies can be life threatening **Yes / No** and require the use of an EpiPen **Yes / No**

List any medication the child will be bringing and administering to themselves such as epi-pen, inhaler, insulin, etc. (Instructors/Staff are not responsible for administering medications.)

Other medical, developmental, or learning concerns (dyslexia, ADHD, Autism, etc.):

In the event of severe weather resulting in the cancellation of class, a text message notification will be administered, in addition to a cancellation email. If different from the email address and cell numbers provided above, please list the best email address and cell phone number to send the severe weather cancellation message.

Email: _____

Cell: _____

Printed name of participant

Signature of participant

Date

Printed name of parent or guardian

Signature of parent/guardian

Date