

2017 Creation Museum Anza Borrego – April 22-23 Tour Guide Steve Austin Registration & Release of Liability Waiver (Age requirement, 8 and older)

Full Name:			Age:	M/F
Preferred Mailing Address:				
City:	State/Province:		Zip/Postal Code:	
Country:	Telephone: ()_		Fax: ()	
Email:				
Emergency Contact Info: Name:		Phon	ıe:	
\$275 per person all prices based of Includes transportation to and from breakfast, two lunches, one dinner, build indicate sandwich preference for San	n Anza Borrego, hotel accommo ottled water, snacks, and instruct	tion. Single room rate o	add \$75 to Registration Fe	
Food Allergies: Medical Conditions:				
Special Needs: Do you have any spe	ecial needs or have any limiting i	requirements?		
Cancellations/Changes and Refunction refund is received in writing no later field trip. Note: In the event there is insufficient.	than March 1, 2017. After that tinterest in the trip, the Creation	date, fees are non-re	fundable. All refunds will	be processed after the
cancel the trip. All monies paid by a				
Participant Waiver: The Creation 8 biblical teachings on life's origins. Por Due to limited space and personnel educational experience for all conce	articipants are asked to conduct logistics, the Museum reserves the	respectful and appro	priate behavior conducive	e to a family atmosphere.
outdoor activities entail risks of injury other unknown or unanticipated risks herein and those risks not specifically elect to participate in spite of and w or employees liable for any negliged during or in connection with the above release and forever discharges the form all such claims.	may result in injury or death. I a videntified. My participation in t ith full knowledge of the inheren nce or other fault (not including in re program. The undersigned, for	nderstand that the designee to assume and a his activity is purely vot risks. I will not hold that entional acts) that remyself and for my he	scription of these risks is no ccept full responsibility for coluntary. No one is forcing the Creation and Earth His sults in personal injury, de pirs, executors. administra	ot complete and that or the risks identified g me to participate, and l tory Museum, its directors, eath, or property damage tors, and assigns, hereby
Medical Release: I, the undersigned help for myself, my child or ward permission to its representatives to cor sickness. There is no health insural accepts responsibility for payment of Participant Waiver and Medical rele	while said person is under the authorize any competent medical nce or medical coverage provid of any medical treatment which	direct supervision of person to do all thinged. The signing of this	the Creation & Earth Higs reasonably necessary form acknowledges that	story Museum, and grant to take care of any injury the participant/guardian
By completing this form, <i>I</i> agree to damage, theft of luggage, or person				
Original Signature of Participant (on	e signature per form):		Date:	
Print name:				
If under 18, Signature of parent or l	egal guardian:			