



Creation & Earth History Museum
10946 Woodside Avenue North
Santee, CA 92071
(619) 599-1104
www.creationsd.org

2018 Creation Museum Anza Borrego Tour

Guide: *Steve Austin*
April 21-22, 2018

Registration & Release of Liability Waiver (age requirement: 8 years and older)

Name: _____ Date of Birth*: _____
Last First M.I.

Address: _____ Gender: _____
City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____

Emergency Contact Information

If your first contact person is also participating in the Anza Borrego Field Tour, please include a 2nd.

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone: _____	Cell Phone: _____
Best way to contact this person: _____	Best way to contact this person: _____

Personal Health

If you have any history of heart disease, abnormal cardiogram, heart attack, asthma, emotional disorders, epilepsy, emphysema, or diabetes, explain how these may affect you on the trip:

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Do you carry health and major medical insurance that would cover medical expenses in the event of illness or injury?

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List any food or health allergies:

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Indicate any special needs or limiting requirements of which we should be aware including medications:

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\$275 per person (all prices based on double occupancy):
Includes transportation to and from Anza Borrego, hotel accommodations for one night at the Palm Canyon Resort (double occupancy), breakfast, two lunches, one dinner, bottled water, snacks, and instruction. **Single room rate add \$75 to Registration Fee.**

Lunch: Indicate sandwich preference for Saturday's and Sunday's lunches:

Saturday: Turkey Ham Roast Beef Vegetarian
Sunday: Turkey Ham Roast Beef Vegetarian

Dinner: Saturday, April 21st – please give your dinner selection from the Between the Bun menu to Cindy Gabay by March 23rd. You may call or email, Cynthia.gabay@scantibodies.com

Cancellations / Changes and Refunds: Should you find it necessary to cancel, fees will be refunded if cancellation or change resulting in a refund is received in writing no later than April 8, 2018. After that date, fees are non-refundable. All refunds will be processed after the field trip. Note: In the event there is insufficient interest in the trip, the Creation & Earth History Museum (Life & Light Foundation) reserves the right to cancel the trip. All monies paid by an applicant will be refunded.

Participant Waiver: The Creation & Earth History Museum Anza Borrego Tour is designed specifically for a better understanding of the biblical teachings on life's origins. Participants are asked to conduct respectful and appropriate behavior conducive to a family atmosphere. Due to limited space and personnel logistics, the Museum reserves the right to use discretion in accepting applications, in order to optimize the educational experience for all concerned.

I, _____
understand and I am aware that off road vehicle participation, hiking, etc. and other means of travel and outdoor activities entail risks of injury or death to any participant. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume and accept full responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is purely voluntary. No one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks. I will not hold the Creation & Earth History Museum, its directors, or employees liable for any negligence or other fault (not including intentional acts) that results in personal injury, death, or property damage during or in connection with the above program. The undersigned, for myself, and for my heirs, executors, administrators, and assigns, hereby release and forever discharge the Creation & Earth History Museum (Life & Light Foundation) and its directors, officers, owner, employees from all such claims.

Medical Release: I, the undersigned, hereby give my permission for the Creation & Earth History Museum to procure all necessary medical help for myself, my child or ward while said person is under the direct supervision of the Creation & Earth History Museum, and grant permission to its representatives to authorize any competent medical person to do all things reasonably necessary to take care of any injury or sickness. There is no health insurance or medical coverage provided. The signing of this form acknowledges that the participant/guardian accepts responsibility for payment of any medical treatment which might be required while they are in this program. I agree to the above Participant Waiver and Medical Release.

By completing this form, I agree to the terms above and that the Creation & Earth History Museum is not responsible or liable for loss, damage, theft of luggage, or personal belongings, personal injury, accident or illness, death or anything else resulting this trip.

Original Signature of Participant: _____

Printed/Typed Name: _____ Date: _____

***Original Signature of Parent/Guardian:** _____

Printed/Typed Name: _____ Date: _____

Please include payment with registration or call (619) 599-1104

*Ages 18 and under will need a parent/guardian signature