

ARK ENCOUNTER OVERNIGHT STAY

Permission, Liability Release and Medical Authorization Form/Participant

Ark Encounter Overnight Stay

DATE _____

CHILD’S NAME _____ AGE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____

ALTERNATE EMERGENCY PHONE (____) _____

Consent to attend

I hereby authorize _____ (my child or ward) to participate in an overnight stay and in all activities involved with the stay at the Ark Encounter on _____, 20____. I hereby release, and agree to indemnify and hold harmless, Ark Encounter, LLC, Crosswater Canyon, Inc., and Answers in Genesis, Inc., and all their respective directors, officers, managers, owners, employees, volunteers, agents and representatives (collectively, the “Released Parties”) from and against any and all liabilities, loss, or damage to persons or property which may occur in connection with the overnight stay program at the Ark Encounter (the “program”), to the fullest extent permitted by law. I agree to assume all risks associated with my child’s participation in the program.

Parent/ Guardian Signature _____ Date _____

Permission to render emergency medical care

I _____, the _____ (father, mother, guardian) of _____ (child’s name), the minor participating in the overnight stay, hereby authorize public safety personnel of Answers in Genesis, Crosswater Canyon, and Ark Encounter, and their other assigned safety personnel, employees, volunteers, agents, and representatives 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 also give consent for 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 transportation, hospitalization or treatment rendered pursuant to this authorization. I agree to indemnify and hold harmless the Released Parties from any and all liability in connection with such medical treatment.

Parent/ Guardian Signature _____ Date _____

Medical Information

Family Physician's name _____ Business Phone (____) _____

CHILD'S MEDICAL HISTORY

Is child in good health? _____ List Allergies: _____

_____ Date of last tetanus shot: _____

List any physical impairments (such as Heart, Epilepsy, Diabetes, etc.):

Specify any medication that must be administered:

Other special instructions _____

Health Insurance company name: _____

Policy Number _____ Telephone _____
