



Akron Fossils & Science Center and Canoe Creation RAPPELLING & ROCK CLIMBING REGISTRATION

Trip program rappelling in Hocking Hills State Park, Logan OH for the date Saturday 8/20/2011
Time: 10 am - 4 pm. Cost: \$40 per person (non refundable).

Registration deadline is Saturday July 30th, 2011. Monies are due with sign up.

You can pay by credit card by calling the Science Center at 330-665-DINO (3466) or by making a check payable to Akron Fossils & Science Center.

Mail completed form to: Akron Fossils & Science Center, Attn: Cindy Julius, 2080 S. Cleveland Massillon Rd., Copley, OH 44321. You can contact the organizer of this event, Cindy Julius at 330-665-DINO (3466) or cindyjulius@akronfossils.com.

The organizers of Akron Fossils & Science Center (AFSC) and Canoe Creation require this registration form to be completed and signed by all attendees if the participant is an adult or if the participant is a minor, by his/her parent or guardian. No participant will be permitted to attend without a completed and signed form. Use extra pages if needed. PARTICIPANT(S) NAMES and harness size information.

- (please print): 1) _____ Weight _____ Waist Size _____
 2) _____ Weight _____ Waist Size _____
 3) _____ Weight _____ Waist Size _____
 4) _____ Weight _____ Waist Size _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Phone 2 _____ Email _____

IN CASE OF EMERGENCY NOTIFY (please fill both):

Name _____ Phone (H) _____ (W) _____

IN CASE OF MEDICAL EMERGENCY CONTACT OUR FAMILY PHYSICIAN

Name _____ Phone (H) _____ (W) _____

Parents/Guardians please describe any conditions, allergies, behavioral difficulties, or activity or food restrictions that you feel are necessary to advise outing organizers for the safety or well-being of your child. Use additional pages if needed.

Medical Insurance ID Number _____

Insurance Company _____ Group Number _____



Release of Liability & Participant Agreement

I acknowledge that certain hazards and dangers are inherent in outdoor activities and programs. I hereby release AFSC and Canoe Creation, the owners of the properties on which activities are conducted and the chaperones or organizers of the Canoe Creation outing from any claims for personal injury or property damage arising from the participation in this Canoe Creation outing. The participant herein described has permission to engage in all outing activities described on this registration form except as noted.

I understand that an injury sustained by the participant while participating in AFSC and Canoe Creation outings will not be covered by insurance provided by the organizers, AFSC and Canoe Creation or the owners of the locations on which they visit in the course of the outing. This agreement is made in Christian trust and in good faith that the organizers, chaperones, and members of the AFSC team and Canoe Creation ministry team will take all precautions in safety. I am also trusting that AFSC and Canoe Creation staff will respect the wishes of the parents (or guardians) of the participants, and will put the well being of all of the participants as the highest priority.

Signature _____ Date _____
Parent/Guardian SIGN HERE

I (the Participant) understand and agree to abide by any restrictions placed on my participation in AFSC and Canoe Creation activities and agree to abide by rules set out by the organizers of the AFSC and Canoe Creation outing. (Family group leaders agree to enforce agreement for all members listed above).

Signature of Participant(s) _____ Date _____
Participant(s) CAMPER SIGN HERE

Medical Information

I authorize the chaperones or AFSC and Canoe Creation to dispense the following for my participating child if needed during the course of the outing (please check all that apply):

Ibuprofen _____	First Aid _____	Epi-pen (you provide) _____
Acetaminophen _____	CPR _____	Sunscreen _____
Aspirin _____	Benadryl _____	Insect Repellent _____

Other Medication: _____

The Participant (Parents check all that apply & add details on separate page if needed):

Is up to date on all vaccinations _____
 Has had a tetanus shot (within 10 years) _____
 Does not have a heart condition _____
 Does not have any known severe allergic reactions _____ (if so, list them below)
 Is able to swim _____
 Has had poison ivy before _____
 Does not have any known communicable diseases _____ (if so, list them below)

Circle any conditions that the participant is known to have (add others as deemed necessary):

Diabetes Frequent Headaches Asthma Epilepsy

AKRON
FOSSILS & SCIENCE CENTER®



Activities of Participants

Rappelling programs may include:

Rappelling Tree Climbing Hiking Bible Study Rock Climbing Campfire Cooking
Wading Nature Study Edible Plants Survival Skills Caving

Release for promotional photographs

We will be taking photographs or videos of the above mentioned activities and would like to request your permission to use any photos of your participant for promotional materials that AFSC or Canoe Creation deems appropriate. **Circle One.**

Yes, you may use photos of the participant(s) for promotional use.

No, please do not use photos of the participant for promotional use (a CD of your trip will not be available).