



Application for Archaeology School

Name _____

Address

Age **Grade (in Fall)** **Sex: Male Female**

T-Shirt Size (please circle one) **YL** **S** **M** **L** **XL** **2XL**

Emergency Contact:

Name _____

Address

Phone (Day) _____ **Phone (Cell)** _____

Relationship to Camper _____

Allergies/Medications

Release & Indemnity Agreement for Minors and Conduct Policy

The Museum of Biblical History does not provide insurance coverage for enrolled students against expense of accident, injury of illness suffered while enrolled in the above workshop. Enrollment and participation is at the sole risk of the enrolled child and his or her parents or guardian.

Understanding that competent leadership will be provided, but in the event the undersigned's child requires medical treatment or hospital admission, undersigned arising out of, or related to injury, illness or loss while child of undersigned is enrolled; undersigned will indemnify the Museum of Biblical History and its directors and hold them harmless against claims or suits made or brought by anyone on account of such injury, illness or loss.

The Museum has permission to video/photograph my child during activities for records or public relations.

All events directed and/or sponsored by the Museum of Biblical History are designed to encourage meaningful learning in a safe, fun & nurturing environment. This environment is created by the participants of each event. Any participant that is observed behaving in a manner that does not promote such an environment may be corrected and/or disciplined by separation or dismissal from the event, as deemed necessary by the directors of the Museum of Biblical History.

Participant Name (print)

Participant Signature

_____ Date _____

Parent/Guardian Signature

_____ Date _____

Please send Application to Museum with Workshop fee Of \$50 per participant.

Payment

Enclosed is my check for \$ _____ or

Credit card information

Mastercard, Visa, or Discover #: _____

Amt Authorized to charge: \$ _____ Exp. Date: / /

Signature

_____ Date _____



Please return application to:

140 E. Mulberry Street
Collierville, TN 38017
Phone: (901) 854-9578

info@biblical-museum.org