

## 2010 HEAV Children's Program Information Sheet

You must complete this form in its entirety and present it to the AiG registrar upon checking in at the HEAV Children's Program. You may list information for additional children on the back of the form, if necessary. Please print legibly.

Parent(s) present at the convention:

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Parent cell-phone numbers (if available): (\_\_\_\_\_)\_\_\_\_\_; (\_\_\_\_\_)\_\_\_\_\_

*Note: Please have your cell phone turned on (vibrate only during workshops and keynote sessions) while children are participating in the Children's Program.*

|  |                          |
|--|--------------------------|
| #1 Child's name (first and last, as she or he would like to be called):  |                          |
| Date of Birth:   | Age as of June 11, 2010: |
| Special needs and instructions of which the team leader should be aware: |                          |
| Be sure to go over these with the team leader before leaving the child.  |                          |

|  |                          |
|--|--------------------------|
| #2 Child's name (first and last, as she or he would like to be called):  |                          |
| Date of Birth:   | Age as of June 11, 2010: |
| Special needs and instructions of which the team leader should be aware: |                          |
| Be sure to go over these with the team leader before leaving the child.  |                          |

|  |                          |
|--|--------------------------|
| #3 Child's name (first and last, as she or he would like to be called):  |                          |
| Date of Birth:   | Age as of June 11, 2010: |
| Special needs and instructions of which the team leader should be aware: |                          |
| Be sure to go over these with the team leader before leaving the child.  |                          |

|  |                          |
|--|--------------------------|
| #4 Child's name (first and last, as she or he would like to be called):  |                          |
| Date of Birth:   | Age as of June 11, 2010: |
| Special needs and instructions of which the team leader should be aware: |                          |
| Be sure to go over these with the team leader before leaving the child.  |                          |

## CONSENT AND RELEASE FORM FOR CHILDREN'S PROGRAM

I, the undersigned parent(s) or guardian(s), hereby consent to my child \_\_\_\_\_ participating in the activities connected with the Children's Program at the HEAV Virginia Homeschool Convention, an activity provided by Answers in Genesis on June 11-12, 2010 (the "activities"). I understand that the activities will include the following: hands-on activities and crafts, lectures, and videos.

I certify that my child is able to participate in any and all of these activities. In the event that an emergency occurs, I may be reached in the Greater Richmond Convention Center. I agree that I or another adult family member will remain on the facility premises. If there are any activities in which I do not want my child involved, I have listed them below under "notes."

I understand that the facility does not allow outside food, so the program will not provide snacks, but I may pick up my child at any time to take him for a snack, and I must pick up my child at lunch time. During these times, and upon entering the program room, I must follow the prescribed check-in and check-out procedures for the safety of all the children.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS THAT MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.** I do, for myself and for my child, heirs, and assigns, to the fullest extent permitted by law, hereby irrevocably and unconditionally release, acquit, and forever discharge HEAV, Answers in Genesis, and the Greater Richmond Convention Center, their agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations, and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activities or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the Commonwealth of Virginia and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

\_\_\_\_\_  
Signature of Parent or Guardian (Print name above) Date

Cell Phone: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Initials of Parent or Guardian (if notes are written)