



451 Almansa Street N.E. Palm Bay, FL 32907  
Phone: 321.723.7429

Web: [CreationExplorations.com](http://CreationExplorations.com) Email: [Learn@CreationExplorations.com](mailto:Learn@CreationExplorations.com)

# Fossil Float Registration and Liability Waiver

Date of planned Fossil Float \_\_\_\_\_

Number of adults \_\_\_\_\_ at 50.00 each ..... \$ \_\_\_\_\_

Names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of children \_\_\_\_\_ at 50.00 each ..... \$ \_\_\_\_\_

Names \_\_\_\_\_ Ages \_\_\_\_\_

\_\_\_\_\_ Ages \_\_\_\_\_

\_\_\_\_\_ Ages \_\_\_\_\_

\_\_\_\_\_ Ages \_\_\_\_\_

\_\_\_\_\_ Ages \_\_\_\_\_

\_\_\_\_\_ Ages \_\_\_\_\_

Do you need a canoe? \_\_\_\_\_ X \$40.00 ..... \$ \_\_\_\_\_

Do you need a tent? \_\_\_\_\_ X \$25.00 ..... \$ \_\_\_\_\_

**Overall Total** ..... \$ \_\_\_\_\_

- Please Print this registration and liability waiver form.
- Send Payment, along with signed liability waiver (see second page) to:

**Creation Explorations, Inc.**  
**451 Almansa St. N.E.**  
**Palm Bay, FL 32907**

- Email us and let us know your registration is coming at: [Learn@CreationExplorations.com](mailto:Learn@CreationExplorations.com)
- Note: Do not send payment for campsites. Pay Pioneer Park directly after you get there.

# Fossil Float Registration and Liability Waiver

Creation Explorations, Inc. is dedicated to offering athletic programs, science programs, fossil floats, and nature trips conducted in the safest manner possible, and hold this safety in the highest regard. We pride ourselves with our past safety record, and will continue to offer activities always keeping safety in the forefront. Students and parents must recognize the inherent risks involved with these activities, including injury and death. By signing below, the parent or legal guardian acknowledges that Creation Explorations, Inc. does not carry any medical accident insurance for injuries sustained while participating in activities. We recommend parents and legal guardians review their own medical insurance policies.

Recognizing these risks, the parent or legal guardian signing below, assumes these risks, and forever releases Creation Explorations, Inc., its owners, coaches, officers, agents, sponsors, participants, employees, and helpers as well as the property owners of the premises where the activities take place, from any and all liability of injury, death, or property damage sustained by the students, parents, or guardians while participating in or watching activities. Furthermore, in the event of an injury of a student, we will make an attempt to locate the parent or guardian to determine what medical treatment, if any, is necessary. If Creation Explorations Inc., or its owners, coaches, officers, employees, or helpers determine medical treatment is necessary before the parent or guardian is located, they will begin treatment and or call for professional medical assistance.

By signing below, the parent or legal guardian releases Creation Explorations, Inc., its coaches, owners, officers, agents, employees, or helpers, from any and all liability for any treatment given to students or participants, and assumes all costs of any treatment, if professional medical treatment is necessary, including but not limited to ambulance transportation charges.

*Parent or Legal Guardian information (please type or print):*

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**For Office Use Only:**

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check No. \_\_\_\_\_

Paperwork Given: \_\_\_\_\_ Paperwork Returned: \_\_\_\_\_

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

\_\_\_\_\_