

**SHANGRI LA BOTANICAL GARDENS AND NATURE CENTER**  
**2018 EcoRangers Application, Health Form/Consent, and Liability Waiver**

CAMP SESSIONS AND COSTS LISTED ON PAGE 2  
APPLICATION DUE DATE: JUNE 22, 2018

Application must be complete in full to complete registration;  
Placement is made on a first-come, first-served basis

Completed application forms may be (1) dropped off at Shangri La (offices located in old bookstore building);  
(2) mailed to P.O. Box 1044, Orange, TX 77631, Attn: Jamie; or (3) emailed to [jmassa@shangrilagardens.org](mailto:jmassa@shangrilagardens.org).  
All applications will be deemed originals regardless of the manner of submission.

Full Name of Child/Applicant: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level **Entering** in School Year 2018-19: \_\_\_\_\_

Parents/Legal Guardian Name:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (Other than Parents/Guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give permission for the Applicant to...:

**Initial Each Answer**

- |   |           |          |
|---|-----------|----------|
| (a) ...travel in a vehicle or boat operated by a Shangri La employee?                                 | _____ Yes | _____ No |
| (b) ...travel in a vehicle or boat operated by a Shangri La volunteer?                                | _____ Yes | _____ No |
| (c) ...travel in a vehicle operated by a third party engaged by Shangri La?<br>(i.e., bus, van, etc.) | _____ Yes | _____ No |

Who is authorized to pick up your child from EcoRanger summer camp? \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Initials)

**CAMP SESSIONS AND COSTS:**

All EcoRangers sessions are conducted **Tuesday through Friday, 8:30 a.m. – 12:00 p.m.**  
 (A description of each session is available online at [www.shangrilagardens.org](http://www.shangrilagardens.org))

**Please select which 2018 session(s) the Applicant would like to attend.**

| Select Session(s) | Grade Level Entering in 2018-19        | Camp Dates (Tues-Fri) | Camp Session         | Camp Fee |
|-------------------|--|-----------------------|----------------------|----------|
|                   | For students entering grades 1 & 2     | July 10-13            | Nature's Masterpiece | Free     |
|                   | For students entering grades 3 & 4     | July 17-20            | Armored Animals      | Free     |
|                   | For students entering grades 5 & 6     | July 24-27            | Back to Nature       | Free     |
|                   | For students entering grades 7, 8, & 9 | July 31-Aug.3         | Tribal Trails        | Free     |

I/We, the undersigned, request that the named Applicant ("Child") be enrolled in one or more sessions of the EcoRangers Program ("Program") sponsored by Nelda C. and H.J. Lutcher Stark Foundation Shangri La Botanical Gardens and Nature Center Venue (such entity being referred to herein as "The Stark Foundation" or "Shangri La") for Summer 2018. I/We understand that enrollment is subject to availability and is not guaranteed, as provided in "Other EcoRangers Information" on page 3. I/We consent to the named Child's participation in field trips to premises located offsite from Shangri La, and I/we further consent to the transportation of the named Child by car, van, bus, boat or other transportation arranged by Shangri La staff that is reasonably related to the purpose of the transport. If the named Child is placed in the Program, I/we agree to abide by the rules and policies of the Program, as determined by Program staff. I/We understand that the Child must behave in an exemplary manner to participate in the Program and that any Child may be dismissed from the Program due to inappropriate behavior, as determined by the Program directors.

**Signature of Parent/Guardian\*\*** \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Signature of Parent/Guardian\*\*** \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

*\*\*The signatures of both of the Applicant's parents are required for the Application, Health Form/Consent, and Liability Waiver to be considered complete. If circumstances affect this requirement, please attach a brief explanation to this form.*

(Parent/Guardian Initials)

## OTHER ECORANGERS INFORMATION

- Final placement and acceptance of the Applicant in the Program is dependent upon available openings and will be based, in part, on the information submitted in the completed application. Efforts will be made to provide the requested session(s) in the priority indicated; however, placement is not guaranteed. While the EcoRangers Program is open to children of all races, creeds, and ethnic backgrounds, registration is completed on a first-come, first-served basis.
- Due to high demand for camp spaces, each registration will be considered final. Registrations are not transferable from child to child.
- Shangri La reserves the right to cancel camps that do not meet minimum enrollment.
- In the event of inclement weather, Shangri La will make every effort to hold camp as scheduled.
- All EcoRangers campers must have a completed Health Record Form on file prior to beginning camp. Children with incomplete information or missing Health Record Forms will not be permitted to participate in camp activities. Do not provide copies of medical records from any medical providers in lieu of completing the Health Record Form.
- Bringing valuables like cell phones, iPods, and other electronic devices to camp is at the discretion of the parent, although use of the devices will not be permitted during camp activities. Shangri La is not responsible for loss or damage to a camper's valuables.
- Before and After Camp childcare is not available. Campers may be dropped off at Shangri La beginning at 8:15 a.m. and should be picked up from Shangri La promptly at Noon each day.

**Health Record Form and**

**Consent for Emergency Medical Treatment of Applicant/Child**

CHILD INFORMATION:

Name of Applicant (Child): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH CARE PROVIDERS

Child's Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL INSURANCE INFORMATION

Child is covered by family medical/hospital insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Insurance Company: \_\_\_\_\_  
Policy/ID: \_\_\_\_\_  
Primary Insured/Subscriber: \_\_\_\_\_  
Insurance Company Phone: \_\_\_\_\_

ALLERGIES AND DIET

\_\_\_\_\_ No known allergies  
\_\_\_\_\_ Child is allergic to:  
Food \_\_\_\_\_ Medicine \_\_\_\_\_ Environment (insect stings, hay fever, etc) \_\_\_\_\_ Other \_\_\_\_\_  
Please describe what Child is allergic to and the reaction seen: \_\_\_\_\_

In case of food allergies, does the camper eat a regular diet? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "No", please describe special food needs: \_\_\_\_\_  
Please indicate action to be taken and any medication to be administered in case of allergic reaction (mild or severe): \_\_\_\_\_  
Does the Child have an EpiPen? \_\_\_\_\_ Yes \_\_\_\_\_ No

RESTRICTIONS (Please place initials next to one of the following options):

\_\_\_\_\_ I have reviewed the camp session(s) and feel the Child can participate without restrictions.  
\_\_\_\_\_ I have reviewed the camp session(s) and feel the Child can participate with the following restrictions or adaptations: \_\_\_\_\_

MENTAL, EMOTIONAL, AND SOCIAL HEALTH

Your Child's safety is of utmost concern to our staff.

-- Does your child have any learning, emotional, or behavioral issues of which Shangri La camp staff should be aware? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes", please explain: \_\_\_\_\_

-- Has your child experienced any significant life event that continues to affect his/her life and that Shangri La camp staff should know for supervisory purposes? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes", please explain: \_\_\_\_\_

Please list any other health conditions or concerns that should be considered by someone supervising the Applicant, including any known physical restrictions. If none, write "none":

Please list all medications Applicant may be prescribed and/or taking at the time of any EcoRangers Program. If none, write "none". (Medications **will not** be administered by Shangri La staff.):

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

*The Child's Health Record Form information is correct and accurately reflects the health status of the Child to whom it pertains. I/we give Child permission to participate in all EcoRangers Program activities except as noted in writing by me/us. In case of accident, injury or sudden illness, I/we authorize any first aid or emergency medical care that may become necessary for the Child while enrolled in or participating in any of the activities of the EcoRangers Program, including but not limited to any transport of the Child to a local medical facility. If I/we cannot be reached in an emergency, I/we grant permission for a physician to hospitalize and/or secure proper treatment for Child as necessary to preserve his/her life, limb or wellbeing, including but not limited to ordering injections, anesthesia, surgery, x-rays, and other tests related to the Child's health. I/We will assume responsibility for any and all financial obligations that may be incurred with any medical treatment rendered to the Child. I/we understand the information on this form may be shared with Shangri La staff. I/we give permission to photocopy this form.*

**Signature of Parent/Guardian\*\*** \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Signature of Parent/Guardian\*\*** \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

*\*\*See p. 2 regarding signature requirement for both parents*

## Liability Waiver and Indemnity Agreement

As the parent(s)/guardian of the Applicant (“Child”) named on this Application for the EcoRangers Program (“Program”), I/we understand that the activities/projects conducted during the Program may include physical activities and outdoor projects on or about the premises of Shangri La Botanical Gardens and Nature Center (“Shangri La” or “Site”), including water-related activities (collectively “Activities”).

The Activities may also include field trips to locations away from the Site by means of transportation arranged by Program staff, including but not limited to travel to the Stark Museum of Art (“Museum”) for any Program that may be conducted in partnership with the Museum. Although Program staff take reasonable steps to safely conduct the Activities, I/we recognize and acknowledge there is always the possibility of bodily injury or even death associated with participation in the Project and the Activities, including losses that may result not only from Child’s own actions, inactions and negligence but also from the actions, inactions or negligence of others, and the condition of facilities, equipment, supplies at the Site and/or related Program areas. This risk of loss is a risk that Child and his/her parents or guardian voluntarily agree to assume in exchange for the privilege of registering for and participating in the Program.

**In consideration of the enrollment of Child in one or more sessions of the Program, I/we consent to Child’s participation in the Activities of the Program, and I/we assume responsibility for all risks associated with Child’s participation in the Program, including but not limited to the risk of bodily injury, death, property damage or other loss that I/we or Child may sustain as a result of Child’s involvement in any and all aspects of the Program wherever located, including but not limited to the Activities, facilities, equipment, staff, or materials and further including but not limited to field trips to the Museum or otherwise away from the Site.**

**I/we hereby voluntarily release, discharge and waive any and all claims, actions, causes of action, demands, liability, and damages of whatever kind against Shangri La, the Museum, the Nelda C. and H.J. Lutcher Stark Foundation (“Foundation”), and the directors, officers, employees, agents, volunteers and representatives of Shangri La, the Museum and/or the Foundation (collectively “Released Parties”), by or on behalf of Child arising out of or resulting from any injury or damage suffered or incurred by me/us or by Child in connection with Child’s participation in the Program or the Activities, and I/we release and waive the right to sue Released Parties, even if such claims are due to the Released Parties’ own negligence, strict liability with regard to fault, violation of statute, or other fault, including any negligent act, omission, or intentional act intended to promote my Child’s safety or well-being.**

I/we give permission to the Released Parties to obtain emergency medical treatment for the Child if any Released Parties deem in their sole discretion that emergency medical treatment is necessary.

**I/We agree that we are financially responsible for any losses resulting from Child’s actions, and I/we further agree to indemnify and hold harmless the Released Parties named above from any claims resulting from bodily injuries, death, property damages or losses sustained by me/us or Child or caused by me/us or Child and that arise out of or are in any way connected with the Program even if caused or alleged to have been caused in whole or in part by the sole or gross negligence of one or more Released Parties.**

In addition, I/we grant Released Parties the perpetual worldwide and royalty-free rights to use any photographic (including digital) images, video or audio related to Child's participation in the Program that may be made by or on behalf of one or more of the Released Parties for promotional, documentary and/or educational purposes (including publications and exhibits), without compensation to me/us, Child or Child's heirs, representatives or assigns.

The Child and his/her parents or guardian agree that any photos, videos, pictorial images, voice recordings or quotations, including those of Child taken or created by any Released Party (including without limitation taken by any photographer or videographer paid by or volunteering for any Released Party) during or relating to the Program are the sole property of Shangri La and may be used in future publications, web pages, promotions, advertisements and exhibits of Shangri La (or any other person authorized by the Foundation to use such images) without the need of any additional permission form or consideration to the Child or parent/guardian.

I/we release and waive for myself, Child and anyone claiming through us all claims based on the right of privacy, right of publicity, moral rights, or any other intellectual property rights related to the rights granted by me to Released Parties.

I/We have carefully read or have had the opportunity to read the above waiver and indemnity and agree that no oral representations, statements nor inducement apart from the foregoing written agreement has been made. I/We expressly understand and agree that the foregoing Liability Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Texas and it is governed by and interpreted in accordance with the laws of the State of Texas. In the event any provision of this Waiver is held invalid, the remaining provisions will nevertheless continue in full legal force and effect. **I/We fully understand the nature, extent, content and consequences of this waiver and indemnity.**

I/We acknowledge that I am/we are over the age of 18 years, I am/we are the parents/guardians of the Applicant named on the Health Record Form and Consent for Emergency Medical Treatment on pages 5 and 6 of this application, and I/we sign this Liability Waiver and Indemnity Agreement knowingly and voluntarily on behalf of Child and intend for it to be legally binding.

\_\_\_\_\_  
**Signature of Parent/Guardian\*\***  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian\*\***  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

*\*\*See p. 2 regarding signature requirement for both parents*