

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

## Youth Registration Form

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please do not send your child/youth if they have a fever or illness. **If your child has any significant health issues or newly developed concerns after turning in this form, please report to staff prior to leaving in their care.**

Are all immunizations current for your child:  Yes or  No If no please specify what is not: \_\_\_\_\_

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary) \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

I hereby authorize the ETABS staff to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage.

Insurance Company: \_\_\_\_\_ in name of: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

If parent cannot be reached in an emergency, please contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

### RELEASE AND INDEMNITY

I understand and hereby agree to assume all of the risks which may be encountered, including activities preliminary and subsequent thereto. I DO HEREBY INDEMNIFY AND HOLD HARMLESS EAST TEXAS ARBORETUM AND BOTANICAL SOCIETY (ETABS), AND THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS AND REPRESENTATIVES (THE "INDEMNIFIED PARTIES") FROM AND AGAINST ANY AND ALL LIABILITY, DAMAGES, ACTIONS, CAUSE OF ACTION, CLAIMS, LOSSES AND/OR EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, COURT COSTS AND EXPENSES, ARISING IN CONNECTION WITH OR BASED ON INJURY TO OR DEATH OF ANY PERSONS OR PROPERTY, INCLUDING THE LOSS OF USE THEREOF, CAUSED IN WHOLE OR IN PART BY ANY MEMBER OF THE GROUP, STAFF, OR VOLUNTEERS, REGARDLESS OF WHETHER OR NOT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE INDEMNIFIED PARTIES, OR ANY ONE OR MORE OF THEM. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by ETABS rules, and my child and I both agree that he or she is familiar with these rules and will obey them. I further give permission and consent to ETABS for any photographs, videos and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise ETABS including on Internet Web Sites promoting or reporting. I hereby assign full copyright of these photographs to ETABS with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that in any event that I take any legal action against ETABS, which is decided in favor of ETABS, I will be responsible for all legal fees, court costs and out-of-pocket expenses of ETABS, its owners and employees. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS PARENT AND /OR LEGAL GUARDIAN OF THE MINOR NAMED ABOVE. I AM AUTHORIZED TO SIGN THIS RELEASE BY AND ON BEHALF OF MY CHILD'S CO-PARENT OR CO-GUARDIAN. This is a legally binding agreement, which I have read, understood, and accept.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_