



Wildlife Action

UPSTATE CHAPTER

Hughston's Resource Education Center at Lost Acres



P.O Box 2394, Spartanburg, South Carolina 29304
(located at 127 Halibut Lane, off Campground Road in Spartanburg County)
864-621-0482

Federal Tax ID #57-0044167

www.wlaupstate.org

ENVIRONMENTAL EDUCATION FORM

JOB # _____

If the information on this form is correct regarding your group's educational activities at or by **Hughston's Resource Education Center at Lost Acres**, please sign and date it. Make check payable to Wildlife Action, Inc. For any questions, contact Dot Long, Education Chairman, 864-621-0482 or Jane Hughston 864-576-2236.

Organization: _____ **Contact Person:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: (H) _____ **(O)** (_____) _____
Date(s) of Activities: _____ **Time Arrive:** _____ **Time Depart:** _____

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

CONSENT AND RELEASE

I do hereby consent to voluntarily participate in or allow my family/organization to participate in the *Wildlife Action, Inc.*, activities indicated on this form.

I do hereby agree to release and forever discharge *Wildlife Action, Inc.*, its officers, agents, employees, and representatives from any and all suits, claims, damages, demands, liabilities, costs, and expenses, including reasonable counsel fees, which result from or may arise out of participation in said activities.

During participation in said activities, I hereby grant *Wildlife Action, Inc.*, its officers, agents, employees, and representatives full authority to take whatever actions they may consider to be warranted under the circumstances regarding the protection of any participant's health and safety, and I hereby release each of them from any liability for any such decisions or actions as may be taken by them in connection therewith.

The authority granted in the preceding sentence shall include the right to place any participant, at his/her own expense, and without any further consent, in a hospital for medical services and treatment, or, if no hospital is readily accessible, to place the participant in the hands of a local medical doctor for treatment.

I agree that *Wildlife Action, Inc.*, its officers, agents, employees, and representatives shall have the right to enforce appropriate standards of conduct and that *Wildlife Action, Inc.*, may at any time terminate participation in said activities in the event of any failure to abide by appropriate standards of conduct.

Signature of Participant/Representative/Contact: _____ Date: _____

"I do not think that the measure of a civilization is how tall its buildings of concrete are, but rather how well its people have learned to relate to their environment and fellow man." – Sun Bear of the Chippewas

ENVIRONMENTAL EDUCATION OPPORTUNITIES

Teachers/representatives/participants have a choice of one or more educational sessions presented by Hughston's Resource Education Center at Lost Acres. For further information call Dot Long, 864-621 0482, or Jane Hughston, 864-576-2236.

Each class lasts approximately 45 minutes.

ENVIRONMENTAL CLASSES

Standard Field Experiences:

Making Bird Boxes
Skins & Skulls
Nature Walk & Talk
Eddie Eagle Gun Safety

Special Classes, by Request:

Dream Catchers
Orienteering
Leaf Prints
Insect & Plant Collection
Owl Pellets
Feathered Friends
Rocks & Minerals
Treasures of Trees
Recycling
Wetlands Investigations
Soil & Water Study
Beach Adventure

Outdoor Skill Classes:

Archery
BBs
Fishing
Hunting Safety
Dutch Oven Cooking

SELECTED CLASSES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Annual Events:

Wild Day: Ages 7-12 (includes environmental education classes, outdoor skills, and lunch)

Held mid-April -- 8:30 a.m.-3:00 p.m. Call Dot Long, 864-621-0482 or Jane Hughston, 864-576-2236, for details.

Pioneer Day: Ages 7-14 (includes environmental education classes, fishing, outdoor skills, and lunch)

Held end of September -- 8:00 a.m.-4:30 p.m. Call Kathleen Elam, 864-579-3302, or Jane Hughston, 864-576-2236, for details.

FEE: _____

PAYMENT RECEIVED: \$ _____

DATE PAID: _____

CHECK #: _____ CASH _____

JOB CHAIRMAN: _____

CONTACT PHONE: _____

NUMBER OF PARTICIPANTS: _____