



TROOP 175 POOP SHEET

BSA Troop 175 | Decatur, Georgia | www.troop175.com



Rafting & Zip Lining Camping Trip: August 25-26, 2018

WHAT:	Rafting & Zip Lining Camping Trip: Drive-in camping at Lake Pines Campground; Rafting Zip Line, and aerial obstacle course at WhiteWater Express in Columbus, Ga
WHERE:	Camping: Lake Pines Campground: 6404 Garrett Road, Midland, Georgia 31820 Rafting/Ziplining: WhiteWater Express: 1000 Bay Avenue, Columbus, Georgia 31901
LEAVE:	6:30 a.m. Saturday, August 25th from the Scout Hut parking lot. (ARRIVE by 6:15 to LEAVE at 6:30!)
RETURN:	Sunday, August 26th about 1:30 p.m. to the Scout Hut parking lot.
FOOD:	BRING bag lunch for Saturday. PLAN dinner on Saturday plus breakfast on Sunday, to be cooked by patrols. Bring food you were assigned by your Patrol. Bring money for lunch on the way home.
NOTES:	New scouts MUST be registered with the Troop to attend – new membership applications ARE REQUIRED to transfer/cross over from Pack to Troop.

EMERGENCY CONTACT: Sandor Karpathy – 404-775-9418 | WE TRAVEL IN CLASS A UNIFORM

INDIVIDUAL	WEAR	PACK	INDIVIDUAL	BRING	PATROL	BRING
Class A Uniform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sleeping bag & pad	<input checked="" type="checkbox"/>	Tarp	<input checked="" type="checkbox"/>
Jacket & hat	<input type="checkbox"/>	<input type="checkbox"/>	Tent, pegs, poles	<input checked="" type="checkbox"/>	Cook kit	<input checked="" type="checkbox"/>
Old shoes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ground cloth	<input checked="" type="checkbox"/>	Stove & fuel	<input checked="" type="checkbox"/>
Rainwear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compass & matches	<input checked="" type="checkbox"/>	Dish-wash kit	<input checked="" type="checkbox"/>
Sweatshirt/warm shirt	<input type="checkbox"/>	<input type="checkbox"/>	Backpack / daypack	<input type="checkbox"/>	Trash bags	<input checked="" type="checkbox"/>
Class B t-shirt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet kit (with TP!)	<input checked="" type="checkbox"/>	First-aid kit	<input checked="" type="checkbox"/>
Extra clothing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashlight	<input checked="" type="checkbox"/>		
Extra shoes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Folding pocket knife	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Swim suit & towel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eating utensils	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Bug repellent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Canteen/water bottle	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Sunscreen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Moleskin	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

PERMISSION TO PARTICIPATE AND WAIVER OF RESPONSIBILITY

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son, _____, on the trip to Lake Pines Campground and WhiteWater Express for Rafting, Zip Lining, and Aerial Obstacle Course, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the Troop's sponsoring Organization. In the event of an emergency, the leader of the activity has my permission to obtain medical treatment for my son at the nearest hospital or doctor, at my expense.

Allergies? Please list (esp. food or insects): _____

Cost: \$100.00 Please circle: **Cash** **Check** (payable to Troop 175) **Use my Scout Funds**

Parent/Guardian Name _____ Signature _____ Date _____ Cell Phone _____

DEADLINE:** Scout must turn in signed permission form & payment by: **Tuesday, Aug. 14th

CHATTAHOOCHEE RAFTING COMPANY, INC. DBA WHITEWATER EXPRESS

Waiver and Release of Liability

Name: _____ Age: _____ Gender: M / F (circle one)

Group Name: Troop 175 Group Leader: Sandor Karpathy

Date(s) of stay at WhiteWater Express: August 25, 2018

In Consideration of Chattahoochee Rafting Company, Inc. furnishing services and/or equipment to enable me to participate in rafting, ropes course, horseback riding, mountain biking, canoeing, kayaking, camping, tubing, and other activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have (a) inherent risks, dangers, hazards, and such exist in my use of Chattahoochee Rafting Company, Inc. equipment and my participation in such activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of Chattahoochee Rafting Company, Inc., Uptown Whitewater Management L.L.C., Columbus Consolidated Government, Georgia Power, Phenix City Alabama and the United States; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe, or kayak and such other risks, hazards, and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of Chattahoochee Rafting Company, Inc., Uptown Whitewater Management, L.L.C., Columbus Consolidated Government, Georgia Power, Phenix City Alabama or the United States, or by any other person. In addition, I hereby grant permission to Chattahoochee Rafting Company, Inc. to make and use for promotion or other purposes, photographic records without recourse or compensation to me.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Chattahoochee Rafting Company, Inc., the Uptown Whitewater Management, L.L.C., Columbus Consolidated Government, Phenix City Alabama and the United States, and its owners, agents, officers, and employees from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services, or otherwise which may arise out of my use of Chattahoochee Rafting Company, Inc. equipment or my participation in Chattahoochee Rafting Company, Inc. activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of Chattahoochee Rafting Company, Inc., the Uptown Whitewater Management, L.L.C., Columbus Consolidated Government, Phenix City Alabama and the United States.

The venue of any dispute that may arise out of this agreement or other-wise between the parties to which Chattahoochee Rafting Company, Inc. or its agents is a party shall be either the Phenix City, Alabama Justice Court or State Supreme Court in Russell County Alabama.

I HAVE READ THE ABOVE WAIVER AND RELEASE. BY SIGNING IT, I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE CHATTAHOOCHEE RAFTING COMPANY, INC., UPTOWN WHITEWATER MANAGEMENT, L.L.C., COLUMBUS CONSOLIDATED GOVERNMENT, GEORGIA POWER, PHENIX CITY ALABAMA, AND THE UNITED STATES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

BLUE HERON ADVENTURES

LIABILITY RELEASE, INFORMED CONSENT & PHOTOGRAPHIC / VIDEO RELEASE

PLEASE READ CAREFULLY. This is a legal document. If you have questions, we encourage you to consult with an attorney before signing.

In consideration of and as part payment for the right to participate in activities associated with or enter upon the lands of Chattahoochee Rafting Company, Inc. d/b/a Whitewater Express, Uptown Whitewater Management, LLC, Columbus Consolidated Government, Phenix City, Alabama and the United States, their agents, owners, associates, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "BHA"). I hereby voluntarily agree to release, indemnify, discharge, hold harmless, and covenant not to sue BHA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and/or estate for any and all claims of liability arising out of their negligence, recklessness, strict liability, breach of contract, intentional acts, or any other act or omission which causes the undersigned illness, injury, death, and damages of any nature in any way connected with my participation in this activity or for being upon the lands of BHA. **Additionally, I certify that I am between the weight limits of 70 and 265 pounds and that I am at least 10 years old to participate on the zip lines. I certify that I am at least 5 years old and not over 265 pounds to participate on the aerial course.** The venue of any dispute that may arise out of this agreement or otherwise between the parties to which BHA or its agents is a party shall be the Phenix City, Alabama Justice Court or the State Supreme Court in Russell County, Alabama.

Risks	Prevention	Solution/Treatment
1. Getting hit by a falling object.	Be alert. Look up before walking near or under the course. Wear a helmet.	Inform staff of injuries for assistance.
2. Hair, clothing or jewelry getting caught in pulleys or other parts of the zip line course.	Have long hair tied back. Remove rings, dangling earrings, watches, etc., and wear proper clothing (ex. avoid loose sleeves).	If caught, remain calm and ask Staff for assistance.
3. Injuries or discomfort caused by improper wearing of harness.	Fit harness as secure as possible and check for any loosening throughout the day. Have harness checked by two different Staff members.	If you have any questions or doubts, ask Staff for assistance.
4. Scrapes and cuts.	Wear proper clothing (ex. long pants closed-toe shoes). Touch only surfaces as instructed.	Inform Staff of any injuries or concerns.
5. Death or serious injury.	Wear proper safety gear. Demonstrate skills in Ground School. Check to see if carabiners are secure. <u>Always Follow Staff Instructions</u> and maintain awareness of your protective equipment and surroundings.	Inform Staff of any injuries or concerns.

I have read and understand the risks listed above and how to avoid them and agree to take an active part to protect myself and my fellow participants during this activity. I realize there are other risks and/or dangers that may exist and I will avoid these also, and I will not participate in unsafe practices and I will inform the staff of any dangers known to me that may cause injury to me or others. Furthermore, I agree to respect the rights and feelings of the other participants and staff and to act in a supportive and caring manner during my participation of the event.

I understand that I have the right to not participate if I don't feel physically or emotionally safe. I also understand and accept that in some situations on the course, my participation is necessary in order to exit the course safely. I further understand that I may be dismissed from participation without refund for refusing to follow any of the above.

I, the undersigned, consent for all purposes to reproduce, sell, and/or use of photographs and/or video of the undersigned (with or without the use of the individual's name), by BHA and by any nominee or designee of BHA (including any agency, client, or periodical or other publication) in all forms and media and in all manners, including trade, display, advertising, editorial, art, internet, and exhibition. NOTE: Your photo may be a part of a series of photos sold to others members on your tour. BHA will not be held responsible for the use of photos purchased by other guests.

As parent or guardian of a participant under 18 years of age, I have read and voluntarily agreed that said minor may participate in BHA activities, and I sign this release on their behalf. In addition, I give BHA permission to treat said minor in case of illness, injury, emergency, or accident. Should emergency medical services become necessary for the undersigned participant or minor, the expenses are the sole responsibility of the participant. **Additionally, I certify that I am between the weight limits of 70 and 265 pounds and that I am at least 10 years old to participate on the zip lines. I certify that I am at least 5 years old and not over 265 pounds to participate on the aerial course.**

I have read this document. In signing this document, I fully recognize and understand that if I, (or any minor on whose behalf I am signing this release), am hurt, die, or my property is damaged, I am giving up my right to make a claim or file a lawsuit against BHA even if they negligently or by some other act or omission cause the injury or damage. I expressly assume all risk. I voluntarily sign my name as evidence of my acceptance of the above provisions.

Date: _____ Email Address: _____

Participant's Printed Name & Age: _____ Guardian's Printed Name & Age: _____

Address: _____ Address: _____

Phone number: _____ Phone number: _____

Signature: _____ Signature: _____