



# TROOP 175 POOP SHEET

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



## Flint River Canoe Trip: July 25-26, 2020

<b>WHAT:</b>	<b>Flint River Canoe Trip</b> drive-in camping at the Flint River Council Lawhorn Scouting Base.
<b>WHERE:</b>	<b>Lawhorn Scouting Base</b> 1166 Dripping Rock Road, Molena, Georgia 30258
<b>LEAVE:</b>	<b>BE AT THE SCOUT HUT @ 5:30 a.m.</b> to load up. We will depart by 6:00 a.m.
<b>RETURN:</b>	<b>Sunday, July 26 about noon</b> to the Scout Hut parking lot.
<b>FOOD:</b>	<b>BRING bag lunch and snacks to EAT ON THE WATER</b> for Saturday. PLAN dinner on Saturday plus breakfast on Sunday, to be cooked by patrols. <b>Bring food you were assigned</b> by your Patrol. Bring a snack to eat on the way home as <b>WE WILL NOT STOP FOR LUNCH</b> due to lack of dine-in restaurants open
<b>NOTES:</b>	All scouts registered with the Troop are welcome. Canoeing Merit Badge IS NOT REQUIRED to attend <b>BRING CLOSED TOED SHOES TO WEAR WHILE ON THE WATER</b>

**EMERGENCY CONTACT: Kevin Wyatt – 404-735-6357 | 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 checked="" 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(Close toed)	<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 Flint River / Lawhorn Scout Base, 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: \$25.00** 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, July 14\***

<i>For Lawhorn use only</i>	
<b>Activity Date:</b>	<b>Rsv Party Name:</b>
<b>Activity Time:</b>	<b>Rsv #:</b>
<b>Activity Type:</b>	<b># in Party:</b>

**LAWHORN SCOUTING BASE  
PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT  
\*\*\*READ BEFORE SIGNING\*\*\***

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS LAWHORN SCOUTING BASE, FLINT RIVER COUNCIL, BOY SCOUTS OF AMERICA**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, the United States, the State of Georgia, the County of Upson and, if applicable, owners and lessors or premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY AND UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I ALSO UNDERSTAND THAT I SHOULD NOT AND MAY NOT PARTICIPATE IN THIS ACTIVITY IF I AM UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.**

\_\_\_\_\_  
DATE PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
ADDRESS PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
E-MAIL ADDRESS

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF EVENT)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

\_\_\_\_\_  
DATE PARTICIPATING MINOR'S DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE of PARENT OR GUARDIAN PARTICIPATING MINOR'S AGE

\_\_\_\_\_  
PRINTED NAME

