

Canoeing the Wisconsin River - camping on a sand bar - September 5-7

Where:

This campout will be held at camping on a sand bar near Muscodia, WI, about 208 miles from Naperville. For this outing we will be on, near, around water 100% of the time, there will be no "camp/vehicles" to store gear/food while you canoe. We will camp in tents on a sand bar in the river, both Saturday & Sunday nights.

When:

Arrive at St. Raphael's at 6:00 am for a prompt 6:30 am departure on Saturday, September 5
DO NOT DRIVE DIRECTLY TO THE CAMPSITE – YOU MUST CHECK IN AT THE CHURCH
Return: Monday, September 7. Plan on meeting your son at St. Raphael's around 2PM unless you make other arrangements with the person driving your son. Most times drivers take scouts directly home; check with your son's driver

Costs:

There is a \$75 fee per Scout payable to BSA Troop 510, which should be turned in with the permission slip, if you turn in your slip by Wednesday, August 26 you will receive a \$5 early bird discount and only have to pay \$70
Adults attending this campout will be charged a Fee of \$45 each
(Drivers will be reimbursed at 6¢/mile per person in the vehicle)

Coordinators:

Mike Rizzi (e-mail:mrizzi@wowway.com / mobile: 630.878.8440)

General Information:

If you as a parent wish to attend and/or drive, you must have completed the BSA background (reference) check, the BSA Youth Protection Training, & the Catholic Church's Protecting God's Children. Remember, the Scout uniform (Class A) must be worn to and from all troop activities. Get your permission slip in early, as space is limited to the first 50 people. This is a tenting campout and the weather is unpredictable, so dress and gear up accordingly. **Rain gear is always required.** Per insurance specifications and to promote Scout unity, the khaki uniform (Class A) shirt must be worn to and from all Troop 510 activities.

The scouts will need to grub for all meals. Saturday Dinner / Sunday Breakfast, Lunch & Dinner / Monday Breakfast.

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I give permission for my son _____ to attend this outing and participate fully except for the following limitations; (If none, write none) _____. His patrol is _____.
He is allergic to the following (medicines, foods, plants, bees, etc.) _____.
My son passed the BSA Swim Test within the last year at _____.
In case of emergency I can be reached at _____ or you can contact _____ at _____.

If an emergency situation should occur and I can't be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent/guardian signature Date

____ I will be driving both ways and camping with the troop. I have room for ___ scouts (including my son)
____ I can drive on Friday night to the camp. I have room for ___ scouts (including my son)
____ I can drive on Sunday morning from the camp. I have room for ___ scouts (including my son)
____ I will be camping on Friday _____ on Saturday _____ (check what applies)

Driver's license # is _____ and I have a minimum 50/100/50 auto insurance required by BSA

I will be transporting scouts in (year) _____ (make) _____ (model) _____.

Scouts will be given an opportunity to choose their ride from available drivers. All other Scouts will be assigned a driver.

Drivers will make the final decision on passengers based on safety and convenience.



ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying permits and should be attached to the flying permit application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at www.scouting.org.

First name of participant and middle initial _____ Last name _____

Address _____ Birth date (month/day/year) ____/____/____ Age during activity _____

Additional address (need street address if you have a P.O. box) _____

City _____ State _____ Zip _____

Has approval to participate in _____
(Name of activity, orientation flight, outing trip, etc.)

From _____ to _____
(Date) (Date)

- Without restrictions
- Special considerations or restrictions: _____

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Area code and telephone number (best contact and emergency contact)

E-mail (for use in sharing more details about the trip or activity)

Contact the adult tour leader with any questions:

Name _____

Phone _____ E-mail _____

SimpleTek Solutions, INC, DBA WI River Outings
ASSUMPTION OF RISK AND WAIVER AGREEMENT

All adventure activities have inherent risks of physical injury associated with them. The guided canoe trips, canoe rental and kayak rental offered by Wisconsin River Outings (WRO) are adventure activities and there is risk associated with being a participant.

Assumption of Risk: I, _____ understand that canoeing and kayaking exposes me to many hazards and participating in a WRO canoeing, kayaking and camping adventure entails unavoidable risk of death, personal injury and loss of or damage to property. I choose to participate in this trip in spite of these risks and hereby assume all risk of injury or loss of life to myself and loss of or damage to property arising out of my participation in such a trip.

Waiver: In consideration of WRO furnishing services and equipment to enable me to participate in a canoeing/kayaking trip, I specifically release and forever discharge WRO and its officers, agents and employees from any and all liability or claims for any injury, illness, death or loss of or damage to property which I may suffer while participating in this canoeing/kayaking trip.

In signing this document, I fully recognize that if injury, illness, death or damage occurs to me while I am engaged in this canoeing/kayaking trip, I will have no right to make a claim or file a lawsuit against WRO or its officers, agents or employees, even if they or any of them negligently cause me injury, illness, death or damage.

- I understand that though this may be a guided canoe trip, there will be times when the guide(s) or other participants may not be in a position to assist, or aid in my rescue in the case of a mishap or the occurrence of a problem.
- I understand that WRO recommends that all participants have the physical ability to assist in their own rescue.
- I understand that wearing a properly sized, adjusted and buckled personal flotation device (PFD) is critical to my safety.
- I hereby grant WRO the right to take and utilize photographs of me participating in trip related activities for the purpose of promotion and advertising.

If any portion or provisions of this Assumption of Risk and Waiver Agreement is or are deemed unenforceable by a Court of Law, the remaining portions and provisions shall remain in full force and effect.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A WAIVER AND A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

Signature _____ Date _____

Signing this waiver for my child or child I'm a guardian of.

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