

# TROOP 629

## Summer Camp 2007: Woodruff Scout Reservation June 10-16



- This packet must be returned no later than February 5<sup>th</sup>. Sign up early as classes are limited and may be closed. Return packet to Fran Gillis.
- Deposit of \$60 due February 5<sup>th</sup>, 2<sup>nd</sup> payment of \$100 due by March 26<sup>th</sup> & final \$80 by May 7<sup>th</sup>.
- Please remember to sign all applicable forms:
  - A. Summer camp application for activities
  - B. Permission slip
  - C. Health and Medical Record
  - D. Releases on Horseback or rafting

Scout (or adult) \_\_\_\_\_ Current rank \_\_\_\_\_ Age: \_\_\_\_\_

### Summer camp application for activities.

*We have read the pre-requisites list and understand the total requirements for completion of the merit badges.*

Period	Time	1 <sup>st</sup> Choice	Extra fee (if any)	2 <sup>nd</sup> choice	Extra fee (if any)
Session 1	8:30 – 9:20				
Session 2	9:30 – 10:20				
Session 3	10:30 – 11:20				
Session 4	11:30 – 12:20				
Session A	2:00 – 3:20				
Session B	3:30 – 4:50				
Session C	7:00 – 8:20				

*(Scouts bring extra dollars for kits used in Indian lore, archery, & basketry)*

I want to go white water rafting on the Nantahala (all) \_\_\_ or the Ocoee (13 and older) \_\_\_\_\_.

I want to participate all week in earning my BSA Lifeguard (must have swimming and lifesaving MB already) \_\_\_\_\_.

I want to participate in COPE (all three periods 2,3,&4) program (13 & older)\_\_\_\_\_.

I want to participate in the Mountain Man program (1<sup>st</sup> year scouts required) \_1&2 **OR** \_3&4

I want to participate in the horseback adventure basic \_\_\_\_\_ or trek program \_\_\_\_\_.

I want to try for the mile swim (strong swimmers only) \_\_\_\_\_.

I want to spend all week on the special Ultimate Zone (14 and older) \_\_\_ or heritage trek \_\_\_\_\_.

***\*extra \$35 for each additional off site adventure (one part of basic fee)***

Basic fee: \$240.00 plus special merit badge cost.

**Total cost including extra fees & \$240 camp fee \$ \_\_\_\_\_ (check to Troop 629) enclosed.**

*Deposit of \$60 by Feb 5<sup>rd</sup>. 2<sup>nd</sup> deposit of \$100 by March 26<sup>th</sup>. Final \$80(with other fees) by May 7<sup>th</sup>.*

My adult “T” shirt size is \_\_\_\_\_ (Troop provides one extra Troop red T-shirt upon arrival)

Troop Permission slips (Troop and or raft/horseback) filled out and attached. \_\_\_\_\_

**Physical to be turned in no later than May 3rd.** Must update all Class I information “for all.”

*Drop off at camp on Sunday June 10th by 1:00 PM. Picked up by 9:00AM Saturday June 16<sup>th</sup>\_\_.*

*OR join son for Friday box supper (6:00PM-\$5) and closing fire and return home (dpt 10:00PM)\_\_.*

I will (will not ) have special medicine on the trip to be administered.

I do (do not) have special dietary needs. If yes then they are \_\_\_\_\_

\_\_\_\_\_  
Scout Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

Note: Merit badges are awarded by Troop 629 and not the camp staff. Camp staff guides the scout towards completion of the requirements and after reading the entire merit badge book an individual scout is then responsible to complete the badge with a Troop 629 adult leader.

# TROOP 629, BSA PERMISSION FOR ACTIVITY

**TROOP 629, BOY SCOUTS OF AMERICA IS PLANNING AN ACTIVITY AND NEEDS A PARENT WRITTEN PERMISSION FOR THEIR SCOUT TO ATTEND. PLEASE FILL OUT THIS FORM AND RETURN WITH PAYMENT FOR ACTIVITY.**

My son \_\_\_\_\_ has my permission to participate in (fill in activity) \_\_\_\_\_. He is in good physical condition and has not had any serious illness or operation since his last health (physical) exam, except as noted below: Special conditions to monitor \_\_\_\_\_ and medications \_\_\_\_\_.

During this activity, I may be reached by: phone \_\_\_\_\_, pager \_\_\_\_\_, or cell phone \_\_\_\_\_. If I cannot be reached in the event of an emergency, the adult Scout Leader in charge is authorized to act on my behalf to hospitalize, secure proper anesthesia, or to order any injection(s) for my son.

In order to expedite, in the event of any unforeseen emergency the Troop must have the following information (to be kept confidential),

MEDICAL INSURANCE PROVIDER: \_\_\_\_\_

POLICY OR GROUP NUMBER: \_\_\_\_\_

DOCTOR NAME: \_\_\_\_\_ AND PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_. WILL PICK UP MY SON FOLLOWING ACTIVITY.

My son also has my permission to be transported to and from this activity by car, van or Mount Pisgah Church vans. I understand the driver of the vehicle will be licensed, insured, and will do all driving in accordance to the law, and will abide by the Boy Scouts of America transportation rules and regulations. My son knows the importance of a safe trip and therefore he will wear a seatbelt, sit still at all times, listen to the driver, and refrain from any unruly behavior, loud noise, unsafe objects (laser pointers, throwing objects, opening his scout knife, etc.). I also understand that my son might be eating a bag supper in the vehicle and that he will be responsible for the contents in the bag, before, during and after the trip. I understand that sometimes trips may be delayed either in departing or arriving, and I will help in any way we can to assure a positive attitude in sons and ourselves. In turn, I can expect to be informed via phone tree or car phone from our son's vehicle of any major delays or emergencies. The Scout Oath and Law are our way of life. Every Scout's behavior while on our activity is expected to reflect the Oath and Law in all ways.

Scout signature: \_\_\_\_\_ Date: \_\_\_\_\_

My parent \_\_\_\_\_ can drive \_\_\_\_\_ passengers for this activity.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PERSONAL HEALTH AND MEDICAL RECORD

## CLASS 1 AND CLASS 2

**Class 1 (update annually for all participants).** Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

**Class 2 (required once every 36 months for all participants under 40 years of age).** Activity: Resident camp or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school. Medical care is readily available.

**Note:** Some states require an **annual** precamp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

If your child has had a medical evaluation (**physical examination**) within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a \*licensed health-care practitioner. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

\*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

**THIS FORM IS NOT TO BE USED BY ADULTS OVER 40, BY HIGH-ADVENTURE PARTICIPANTS (USE FORM NO. 34412A), OR FOR NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412-01).**

### CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

#### IDENTIFICATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If person named above is not available in the event of an emergency, notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein.

**In case of emergency,** I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

Date updated \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

Date updated \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

**Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.**

NAME

TROOP

CAMP SITE

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

**ALLERGIES:** Food, medicines, insects, plants Yes  No  Explain: \_\_\_\_\_

<b>GENERAL INFORMATION:</b>	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit								
Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: \_\_\_\_\_

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

**Immunizations:** (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

### CLASS 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form.)

Name \_\_\_\_\_ Age \_\_\_\_\_

**NOTE TO LICENSED HEALTH-CARE PRACTITIONERS\*:** The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

**PHYSICAL EXAMINATION** (To be filled out by a licensed health-care practitioner\*)

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

VISION: Normal \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

HEARING: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Explain \_\_\_\_\_

<b>Check box:</b>	N	Abn		N	Abn		N	Abn
Growth development	<input type="checkbox"/>	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary system	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Neurobehavioral	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

#### Limitations

Activity restrictions \_\_\_\_\_

Diet restrictions \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Licensed health-care practitioner\*

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**\*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.**

<b>INTERVAL RECORD</b>	<b>SCREENING EXAMINATION</b>	
Date, Time, Place, Etc.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	By
#34414B		
	PHOTOCOPYING THIS FORM IS PERMITTED.	



NAME

TROOP

CAMP SITE

**HORSEBACK TRAIL RIDING**  
**PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK**

In consideration of the services of Whitewater Express, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "W.E."), I hereby agree to release and discharge W.E., on behalf of myself, my children, my parent my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horseback trail rides entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** loss of control, collisions; horses, irrespective of their previous behavior and characteristics, may act or react unpredictably based upon instinct, fright, or lack of proper control by rider; latent or apparent defects or conditions in equipment, animals or property; acts of other participants in this activity, adverse weather conditions; contact With plants or animals; my own physical condition or my own acts or omissions; the condition of remote roads, trails, waterways, or terrain, and accidents connected with their use; first aid, emergency treatment or other services rendered; consumption of food and drink.

Furthermore, W.E. guides have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless W.E. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of W.E.'s equipment or facilities, **including any such Claims which allege negligent acts or omissions of W.E.**

4. Should W.E. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against W.E., I agree to do so solely in the State of Georgia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law or rules of that state. I agree that should any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against W.E. on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Group Name \_\_\_\_\_ Event Date \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**  
(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by W.E. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless W.E. from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected With such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

# Nantahala River Whitewater Rafting Trip

## WAIVER AND RELEASE OF LIABILITY

In consideration of Whitewater Express, Inc. furnishing services and/or equipment to enable me to participate in rafting, 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 Whitewater Express, Inc. equipment and my participation in rafting, canoeing, kayaking, camping, tubing, and ropes course 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 Whitewater Express, Inc., the Tennessee Valley Authority, the State of Tennessee, 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 Whitewater Express, Inc., the Tennessee Valley Authority, the State of Tennessee, or the United States, or by any other person.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Whitewater Express, Inc., the Tennessee Valley Authority, the State of Tennessee, 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 Whitewater Express, Inc. equipment or my participation in Whitewater Express, 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 Whitewater Express, Inc., the Tennessee Valley Authority, the State of Tennessee, and the United States.

The Venue of any dispute that may arise out of this agreement or otherwise between the parties to which Whitewater Express, Inc. or its agents is a party shall be either the City of Benton, Tennessee Justice Court Or State Supreme Court in Polk County Tennessee.

## NANTAHALA RAFTERS MUST BE OVER 60 POUNDS

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE WHITEWATER EXPRESS, INC., THE TENNESSEE VALLEY AUTHORITY, THE STATE OF TENNESSEE, AND THE UNITED STATES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

GROUP NAME	ARRIVAL DATE
SIGNATURE	AGE
SIGNATURE OF PARENT OR GUARDIAN <small>(if less than 18 years old)</small>	DATE SIGNED
	RAFTING DATE

Please have each participant sign the this waiver. If they are less than 18 years old, the waiver must be signed by their parent or guardian. These waivers should be brought with you when you arrive for your activities. Thanks for your help. We look forward to seeing you at the river!

## WHAT TO BRING LIST

### Rafter Necessities

- ✓ Everyone has to wear shoes in the river, either old tennis shoes or sandals that have straps around the ankle, *no flip flops.*
- ✓ Proper attire for rafting is comfortable clothing that will dry quickly, *not blue jeans and sweatshirts!* Umbros, bathing suits, shorts and T-shirts, etc. (Bring plastic bag for wet clothes)
- ✓ Proper attire for ropes course is tennis shoes or light weight boots, comfortable clothes that are not too loose fitting to get in the way of the safety equipment.
- ✓ Towels and a change of clothes would be helpful and you are welcome to shower and change at our facilities before you head home.
- ✓ Jewelry not advisabale on the river. Eyeglasses and sunglasses need to be secured and nothing other than people are allowed in the rafts! *No radios, drinks or food.* All personal items should be marked with your name & group name.
- ✓ We do provide spray suits for those who think they don't want to get wet!!!

### OVERNIGHTERS

- The bunks are twin bed size so bring either a sleeping bag or bedding and a pillow.
- Towels are a must
- Sweatshirt/jacket for early mornings/late nights
- Personal Hygiene items
- Flashlight with Extra Batteries
- GREAT CAMPFIRE STORIES!!!

T-shirts, snacks, drinks, eyeglass holders, and other souvenirs are available in our store at the outpost.

# Ocoee River Whitewater Rafting Trip

## WAIVER AND RELEASE OF LIABILITY

In consideration of Whitewater Express, Inc. furnishing services and/or equipment to enable me to participate in rafting, 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 Whitewater Express, Inc. equipment and my participation in rafting, canoeing, kayaking, camping, tubing, and ropes course 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 Whitewater Express, Inc., the Tennessee Valley Authority, the State of Tennessee, 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 Whitewater Express, Inc., the Tennessee Valley Authority, the State of Tennessee, or the United States, or by any other person.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Whitewater Express, Inc., the Tennessee Valley Authority, the State of Tennessee, 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 Whitewater Express, Inc. equipment or my participation in Whitewater Express, 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 Whitewater Express, Inc., the Tennessee Valley Authority, the State of Tennessee, and the United States.

The Venue of any dispute that may arise out of this agreement or otherwise between the parties to which Whitewater Express, Inc. or its agents is a party shall be either the City of Benton, Tennessee Justice Court Or State Supreme Court in Polk County Tennessee.

## OCCOEE RAFTERS MUST BE 12 YEARS OLD OR OLDER

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE WHITEWATER EXPRESS, INC., THE TENNESSEE VALLEY AUTHORITY, THE STATE OF TENNESSEE, AND THE UNITED STATES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

GROUP NAME	ARRIVAL DATE
_____ SIGNATURE	_____ AGE
_____ SIGNATURE OF PARENT OR GUARDIAN (If less than 18 years old)	_____ RAFTING DATE
DATE SIGNED	

Please have each participant sign the this waiver. If they are less than 18 years old, the waiver must be signed by their parent or guardian. These waivers should be brought with you when you arrive for your activities. Thanks for your help. We look forward to seeing you at the river!

## WHAT TO BRING LIST

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- ✓ Towels and a change of clothes would be helpful and you are welcome to shower and change at our facilities before you head home.
- ✓ Jewelry not advisable on the river. Eyeglasses and sunglasses need to be secured and nothing other than people are allowed in the rafts! *No radios, drinks or food.* All personal items should be marked with your name & group name.
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