

Oct 6-8, 2006 Troop Outing



Overnight stay on the USS Alabama battleship,



**Other items to see include
airplane museum and
various military hardware
items along with USS
Drum
Submarine.**

For registered Troop 629 scouts only.

**Departing from Mt Pisgah Friday 6:00 PM Oct 6, 2006,
overnight stay near Montgomery, AL. then onto Mobile bay
and a ferry crossing, estuary museum and overnight stay on
the battleship with return on Sunday 3:00 PM Oct 8, 2006.**

**Cost is \$55.00 due by Oct 2nd meeting with “special hold harmless
agreement” and troop “permission slip”.**

See “special pack light” details on back of this handout.

**Eat supper before you come on Friday.
*Full uniform and Troop Red T-Shirt required.***

Further details contact your PL, SPL or SM.

EQUIPMENT LIST (pack light in a carry bag)

- _Stuff bag or carry bag – *no packs frames*
- _Sleeping bag (or blankets).
- _Foam pad (for Friday night).
- _Toilet articles (soap, toothpaste/brush, comb, towel, etc.)
- _Flashlight with fresh batteries
- _Extra change of clothes (pr-socks, shirts, trousers or sweat suit)
- _Wet weather gear (rain jacket or poncho)
- _Full Scout Uniform and 2 “red troop” activity scout T-shirt’s.
- _Sneakers or hiking shoes
- _Coat/ windbreaker.
- _Scout handbook/pencils and paper
- _Water jug or canteen with water.
- _Reading material, cards or games for the road.

* note: no radios, CD’s, pager’s, cell phones or knives. No other camping gear, no tents and no eating utensils needed.

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: _____

ONE FORM REQUIRED FOR EACH OVERNIGHT PARTICIPANT

**INDIVIDUAL RELEASE AND HOLD HARMLESS AGREEMENT
FOR PARTICIPATION ON EVENTS CONDUCTED ON THE PREMISES OF THE BATTLESHIP
MEMORIAL PARK**

The undersigned acknowledges that he or she is the participant or the parent or legal guardian of a minor child under twenty-one (21) years of age who desires to participate in an activity to be conducted, on board the U.S.S. Alabama Battleship involving an overnight stay aboard the U.S.S. Alabama or a special event to be conducted on or at the Battleship Memorial Park located at 2703 Battleship Parkway, Post Office Box 65, Mobile, Alabama 36601.

As the parent or legal guardian of the minor child, I do hereby release and forever discharge, and indemnify and hold harmless the U.S.S. Alabama Battleship Commission, its Commissioners, officers, staff, employees, agents and assigns, both past and present as well as its insurers, the city and County of Mobile, the State of Alabama, the United States Armed Services and/or its units, the United States Department of Defense and the United States of America from and against any and all claims, demands, actions, rights of action, and/or liabilities, potential or otherwise, whether known or unknown, foreseeable or unforeseeable, suspected or unsuspected, resulting in damage, injury, death or any other adverse result which may arise as a result of the participation in or presence of the minor child in or on the property, structures, exhibits, vehicles or adjacent waters of the Battleship Memorial Park and/or the U.S.S. Alabama Battleship which occur for any reason.

It is agreed that this Release and Hold Harmless Agreement shall extend to and include any and all claims which may arise from any claimed or actual negligence, carelessness, fault, act or omission of either the minor child or the parties herein released, individually or collectively and that this Agreement shall apply to any harm resulting from any defect or danger which may be present on or about the premises of the Battleship Memorial Park or structures situated thereon, as well as exhibits, vehicles or adjacent waters from any other cause related in any way to the activities of the Battleship Memorial Park.

It is acknowledged by the undersigned that the sole purpose of this Agreement is to relieve the parties released herein from any and all liability or exposure to liability regardless of the nature, and regardless of causation. The undersigned does hereby assume on behalf of his minor child, the risk of any and all damage, injury, death, loss or any other type of harm suffered by the minor child arising from the use or activities conducted on the premises of the Battleship Memorial Park. The Undersigned further specifically authorizes the parties herein released to take whatever action they deem necessary to provide emergency medical care to the minor child and/or to transport the minor child to medical treatment facilities for medical care and/or treatment and hereby releases and discharges the parties herein released from and against any and all claims and/or causes of action for personal injury or any other matter which may arise relating to the provision of emergency medical care by and/or on behalf of the parties herein released or which may arise from the transportation of the minor child to medical treatment facility for administration of medical treatment or arising from medical treatment administered to the minor child by a medical treatment facility.

The undersigned does hereby acknowledge that he or she has read and understands this Release Agreement. The undersigned acknowledges that the terms herein are contractual in nature and that in consideration of executing this Agreement, the Battleship Memorial Park has agreed to permit this minor child to participate in activities at the Park or on Board the U.S.S. Alabama Battleship as a member of the hereinafter referenced group.

Printed Name of Attendee/Minor Child: _____

Printed Name and Address of Parent or Legal Guardian: _____

Printed Address of Attendee/Minor Child: _____

Printed Name of Group: _____ Troop 629, BSA

Anticipated Date(s) of Event Attendance: _____ Oct 7, 2006

Printed Name of Group Leader: _____ Fran Gillis

Printed Name of Emergency Contact: _____ Wendy Kreamer

Emergency Contact Phone Number: _____ 770-265-2651 678-366-0646

Signature of Parent or Legal Guardian: _____