

## **BSA TROOP 212**

### **COLORADO RIVER CANOE TRIP**

**FROM HOOVER DAM**

**To**

**COTTONWOOD COVE MARINA**

**December 2023**

- The 3 forms attached are due to the Scoutmaster by or before December 11<sup>th</sup>, 2023, along with the balance due.
- Please add to your calendar that on Dec 17 at 12 noon food prep for Canoe trip at JD garage.
- Please add to your calendar that on Dec 18th Canoe trip gear packing check at troop meeting.
- Please add to your calendar that on Dec 23 at 4 pm Canoe trip vehicle loading at JD garage.

## Scouting Troop 212, Informed Consent, Release Agreement, and Authorization Form

1. Scout ~~Scout~~ Adult (Print Full name) \_\_\_\_\_
2. Activity Name: \_\_\_\_\_
3. Activity Location: \_\_\_\_\_
4. Activity Dates: \_\_\_\_\_
5. List any participant restrictions here, OR indicate "NONE": \_\_\_\_\_
6. List any medicines required for this activity here, OR indicate NONE: \_\_\_\_\_
7. List any allergies here, OR indicate "NONE": \_\_\_\_\_
8. List emergency phone numbers you, AND second level adults, that may be reach at during this activity; \_\_\_\_\_
9. Indicate Health Care Provider, Plan Number and Phone Number: \_\_\_\_\_

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. I also understand that participation in these activities are entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the activity listed below, to also include food shopping meetings, equipment distribution meetings, and additional training meetings related to this activity.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child.

Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

My Scout has reviewed his equipment checklist in his scout handbook and the trip letter for this event, and I am satisfied he is properly dressed and equipped for this activity. I understand that all troop activities are conducted in the spirit of the Scout Oath and Law. Any Scout, in the opinion of the adult leadership, does not live up to these principles may be required to call his parents and have them bring him home.

In consideration of the current COVID environment, I understand and agree to not send my child to any Troop 212 event if my child is exhibiting illness symptoms, (having "just a cold" counts as exhibiting illness) and that any time during my child's stay with any Troop 212 Program, I may be called on to transport my family member (youth or adult) from program for medical reasons. I commit to being available for the duration of the event by phone should I need to be contacted by the troop leadership. Furthermore, upon consultation with the troop leadership I agree to pick up my participant within a reasonably short time after being contacted, to be determined and agreed upon during this contact call. I will also provide a second level contact to be prepared for unforeseen circumstances.

I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission, without compensation, to use and publish the photographs/film or videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication.

Parent or Guardian

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

Date: \_\_\_\_\_

## ADULT MEDICAL INFORMATION FORM

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Event Name and Dates: \_\_\_\_\_

Please answer yes or no

I currently have:

- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Convulsions or epilepsy
- \_\_\_\_\_ High blood pressure
- \_\_\_\_\_ Heart trouble

List medications you currently use;

If none, write none

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (list below with medications)

- \_\_\_\_\_ Food allergies \_\_\_\_\_
- \_\_\_\_\_ Environmental allergies \_\_\_\_\_  
(plants, bee sting, etc.)
- \_\_\_\_\_ Other allergies \_\_\_\_\_

Any other health problems you feel that the first aider should know about?

\_\_\_\_\_  
\_\_\_\_\_

Name and address of personal physician: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Health insurance plan and membership number: \_\_\_\_\_

Other adult(s) to notify in case of an emergency:

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. In case of an emergency involving me, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me. Medical providers are authorized to disclose protected health information to the adult leader in charge, or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, and/or determination of the participant's ability to continue in the program activities. With appreciation of the dangers and risks associated with programs and activities, on my own behalf, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Scouting of America organization, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with this program or activity.

# Jerkwater Canoe Company, Inc.

## Acknowledgement of Risk

In consideration of the services of Jerkwater Canoe Company, Inc., their officers, agents, employees, and stockholders, and all other persons or entities associated with that business hereafter collectively referred to as Jerkwater agree as follows:

Although Jerkwater has taken responsible steps to provide me with appropriate equipment so I can enjoy an activity for which I may not be skilled, Jerkwater has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Jerkwater does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

I am aware that canoeing/kayaking/paddleboarding entails risks of injury or death to any participant. Understand the description of these inherent risks is not complete and that other unknown and unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff of Jerkwater Canoe Company, Inc. have been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate and for all members of my family, including minor children.

\_\_\_\_\_  
Signature  
Signature of Parent of Guardian, if participant is under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age

\_\_\_\_\_  
Weight

