Special Request/Transportation Forms

(Register online under the Group Forms Icon or Return this information to the Council Office 1 month before your Sunday Arrival at Camp)

Early and Late Arrival and Chartered Bus Form

Unit: _____

Type of Transport (please circle all that apply): • Van • Truck • Chartered Bus • Other: _____

Contact Name: _____ City: _____State: _____

Daytime Telephone: _____ Email: _____

We will arrive at Camp Rainey Mountain on the following date: _____

Approximate Arrival Time: _____ **(Please arrive before 5pm! If you are not going to arrive by 5pm please Please call the Camp Headquarters building at (706) 782-3733)**

Number of Participants: _____ Youth: _____ Adult Leaders: _____

Chartered Bus Only: Approximate Departure Time: _____

Special Needs Request

(Return this information to the Council Office 1 month before your Sunday Arrival at Camp, For Dietary needs please e-mail or fax this form to our Dining Hall Director Andra Henson at andhenson7crm@gmail.com fax # 706.782.5590 TWO (2) weeks before your Sunday Arrival at Camp)

The Northeast Georgia Council will do everything in its power to accommodate participants with special needs. Special dietary needs must be shared with camp leadership prior to arriving at camp. We will do our best to accommodate most food allergies but cannot be held accountable for the management of these allergies. Severe allergies that require special food items must be provided for your child on the day of arrival at camp. Example: Gluten Free Diets cannot be provided by the food service department due to the severity and complexity of this diet. Parents should feel free to contact us AT CAMP to review the menu and ingredients at least two (2) weeks prior to attending camp to ensure proper management of a camper's special needs. We are able to store food for you in our refrigerator or dry storage area if requested. **Please complete this form and submit it to our Dining Hall Director Andra HensonTWO (2) weeks before your Sunday Arrival at Camp. E-mail adhenson7crm@gmail.com or fax to 706.782.5590.** Thank you for your assistance.

Unit Number: _____ City/State: _____

Week Attending Camp: _____

1. Does anyone in your unit have a physical handicap that limits mobility? Does anyone in your unit have special equipment needs? (Access to electricity, etc.) _____
_____

2. Please list any special dietary concerns such as vegetarian, peanut allergy, etc. Please be specific, name of person and offer alternatives for our dining hall manager. Participants with complex allergies should contact the camp the two (2) weeks prior to arrival.
_____
_____

3. Please list any other special needs below:
_____
_____

Payment Form

Troop / Crew#		Council Name		Week Attending	
Scoutmaster / Advisor		Phone			

Scout's Name	Adult's Name	CAMP FEES			Extra MB Fees	HIGH ADVENTURE						Total
		Payment 1 due Feb. 2	Payment 2 due April 6	Payment 3 due Jun. 1		Bartram's Surprise $75	BSA ATV Safety $30	Whitewater K.R. $95	C.O.P.E./ Climbing $30 / $30	Gold Rush $45	Epic Adventure $95	
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
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												$0
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												$0
												$0
												$0
												$0
												$0

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Course Planning Worksheet

Troop/Crew #_____ Week Number _____ Council Name _____

Scoutmaster/Advisor _____ Leader's Phone _____

	Scout's Name	1st Period	2nd Period	3rd Period	4th Period	5th Period	6th Period
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

PLEASE PRINT ALL INFORMATION CLEARLY

Use this form to plan out your Scout's schedules using the Course Catalog (Program Section). Make photo copies of this form if necessary.

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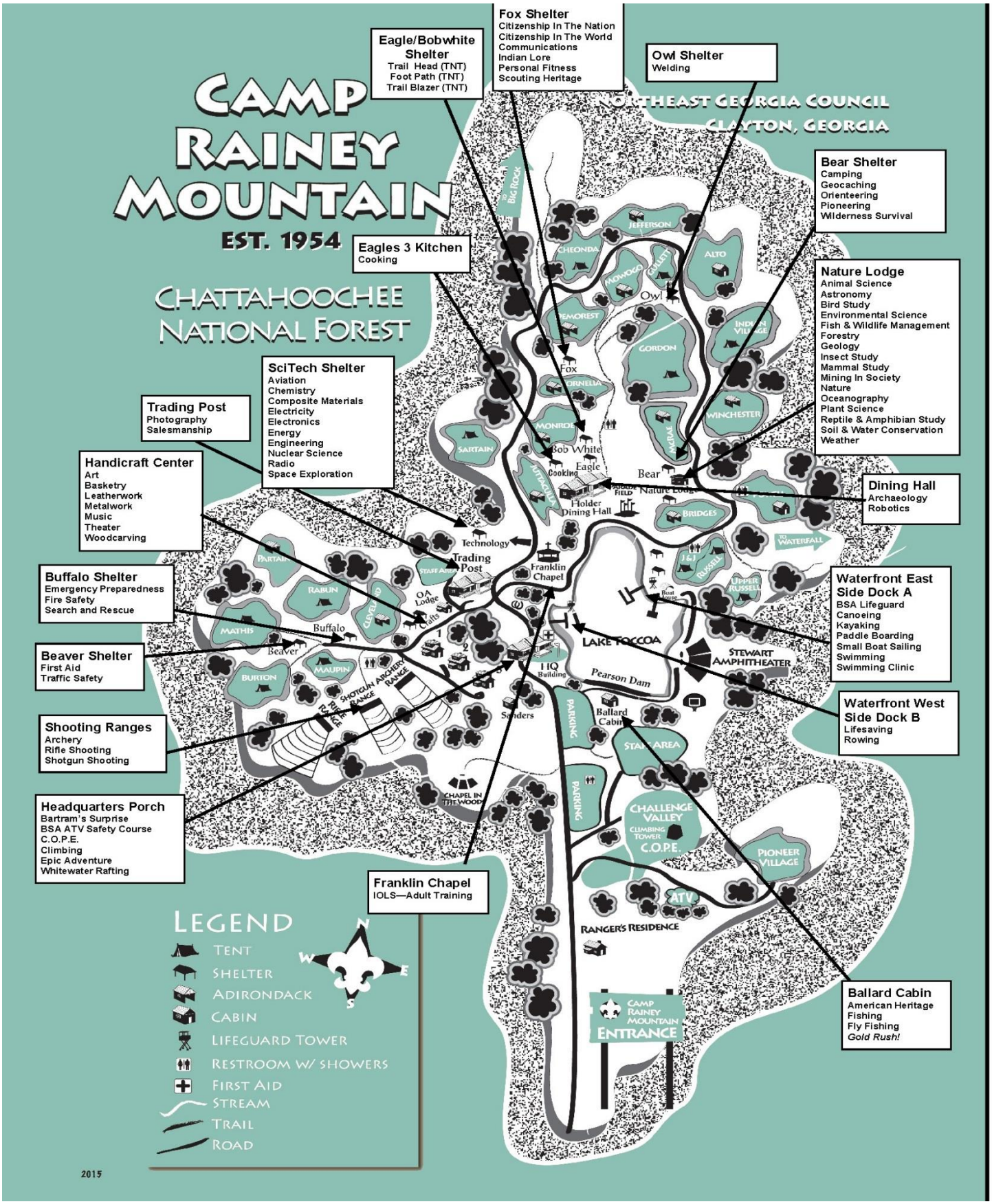

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Camp Rainey Mountain Campsite Inspection Form

Troop #:_____ Campsite: _____ Week #_____

Flags

1. American Flag Posted	1	2	3	4	5
2. Troop Flag Posted	1	2	3	4	5
3. Patrol Flag Posted	1	2	3	4	5

Campsite Appearance

4. Entrance present (Gateway)	1	2	3	4	5
5. Scout Created Camp Gadget	1	2	3	4	5
6. Campsite Improvement Project	1	2	3	4	5

Organization

7. Troop Gear Stored Properly	1	2	3	4	5
8. Table Area Neat and Clean	1	2	3	4	5
9. Campsite Area Neat and Organized	1	2	3	4	5
10. Trash Picked Up	1	2	3	4	5
11. Troop Duty Roster Present and Filled Out	1	2	3	4	5

Health and Safety

12. Water Cooler Filled and Available	1	2	3	4	5
13. Fire Chart filled out Daily	1	2	3	4	5
14. First Aid Kit Visible and Accessible	1	2	3	4	5
15. Vehicles Parked in Proper Location	1	2	3	4	5

Tents/Adirondacks/Cabins

16. Tents uniform in Presentation	1	2	3	4	5
17. Personal Gear Stowed Away Properly	1	2	3	4	5
18. Tents and Cabins properly set up	1	2	3	4	5

TOTAL SCORE:_____/90

GENERAL COMMENTS:

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Camp Rainey Mountain Daily Schedule 2017

		Monday	Tuesday	Wednesday	Thursday	Friday
5:30	AM	*Mile Swim Practice*	*Mile Swim Practice*	*Mile Swim Practice*	*Mile Swim*	
7:30	AM	Flag Raising	Flag Raising	Flag Raising	Flag Raising in Areas	Flag Raising
7:45	AM	Orange Breakfast	Orange Breakfast	Orange Breakfast	Orange Breakfast	Orange Breakfast
8:30	AM	Blue Breakfast	Blue Breakfast	Blue Breakfast	Blue Breakfast	Blue Breakfast
9:15	AM	Period 1	Period 1	Period 1	Period 1	Period 1
		Leaders' Roundtable		**Leaders' Roundtable**	Free Range Thursday (see below and "Free Range Guide")	**Leaders' Roundtable & Brunch**
10:15	AM	Period 2	Period 2	Period 2		Period 2
11:15	AM	Period 3	Period 3	Period 3		Period 3
12:15	PM	Orange Lunch	Orange Lunch	Orange Lunch	Orange Lunch	Orange Lunch
12:45	PM	SPL Meeting	SPL Meeting	SPL Meeting	SPL Meeting	SPL Meeting
1:00	PM	Blue Lunch	Blue Lunch	Blue Lunch	Blue Lunch	Blue Lunch
2:00	PM	Period 4	**Meeting with Council Rep.**	Period 4	Free Range Thursday (see below and "Free Range Guide")	Period 4
3:00	PM	Period 5	Period 5	Period 5		Period 5
4:00	PM	Period 6	Period 6	Period 6		Period 6
5:45	PM	Flag Lowering	Flag Lowering	Flag Lowering	**Dining Hall Closed**	Flag Lowering
6:00	PM	Orange Dinner	Orange Dinner	Orange Dinner		Orange Dinner
6:45	PM	Blue Dinner	Blue Dinner	Blue Dinner		Blue Dinner
6:45-8:15	PM	Twilight Activities	Twilight Activities	Twilight Activities		Camp Fire
7:30	PM		**Leaders' Dinner**			
8:00	PM					
8:30	PM			Campfire		
11:00	PM	Taps	Taps	Taps	Taps	Taps

Subject to change

Sunday Schedule

1:00	PM	Check-in begins
6:15	PM	Flag Lowering
6:30	PM	Orange Dinner
7:25	PM	Blue Dinner
8:15	PM	Chapel
		Scoutmaster & SPL Meeting
9:30	PM	Campfire
11:00	PM	Taps

Saturday Schedule

7:30	AM	Pick up breakfast
		Staff Guides report to troops
9:00	AM	Camp Closed

Free Range Thursday Schedule

9:15-10:30	AM	**Period 1**
10:45-12:00	AM	**Period 2**
12:15	PM	Orange Lunch
12:45	PM	**SPL Meeting**
1:00	PM	Blue Lunch
2:00-3:15	PM	**Period 3**
3:30-4:45	PM	**Period 4**
4:00-4:30	PM	**Dinner Pickup**

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This is a SAMPLE of the Thursday Night Troop Cookout form. Please ask for the form for your week at the Sunday night SPL Meeting or see the Food Services Director.

THURSDAY NIGHT TROOP
COOKOUT

Thursday night is troop cookout night. If you decide that you wish to cook in camp we will be glad to provide your troop with the items to do scout foil dinner. Your troop will need to pick-up the meal boxes at the loading dock of the dining hall between **4:00 p.m. and 4:30 p.m. Thursday afternoon. But no later as the kitchen closes for the night.**

The items we will provide for your meal box are as follows:

Meat patties, potatoes, carrots, onions,

Cobbler Mix: Canned fruit, cake mix, margarine, spices, and sugar if needed.

Bug Juice mix

Paper goods/supplies: Foil, plates, cups, cutlery kits (fork, spoon, knife, salt, pepper and napkin).

If you would like other items with your meal if we can accommodate we will try to but please note on your form in the special instruction section.

The dining hall does not supply dutch ovens or cooking equipment of any kind.

THURSDAY NIGHT COOKOUT FORM

TROOP #_____ CAMPSITE_____ WEEK #_____

NUMBER OF SCOUTS_____ ADULTS _____

OUR TROOP WILL NEED THE FOLLOWING ITEMS FOR THE COOKOUT

Meat patties _____ potatoes _____ carrots _____ onions _____

Cobbler mix _____

Paper goods/Supplies: Foil _____ Plates _____ Cups _____ Cutlery Kits _____

Special request and/or instructions:

_____

_____

_____

Approved by Food Services Director _____ Box Checked by Troop Rep_____

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Ocoee Rafting Trip / Epic Adventure / Whitewater K.R.

TN WHITEWATER, LLC d/b/a WHITEWATER EXPRESS

Waiver and Release of Liability

Name: _____ Age: _____ Gender: M / F (circle one)

Group Name: _____ Group Leader: _____

Date(s) of stay at Whitewater Express: _____

In consideration of TN Whitewater, LLC furnishing services and/or equipment to enable me to participate in sponsored 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 TN Whitewater, LLC equipment and my participation in such 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 TN Whitewater, LLC, the Ocoee River Outfitters Association, 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 TN Whitewater, LLC, the Ocoee River Outfitters Association, the Tennessee Valley Authority, the State of Tennessee, or the United States, or by any other person. In addition, I hereby grant permission to TN Whitewater, LLC to make and use for promotion or other purposes, photographic records without recourse or compensation to me.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify TN Whitewater, LLC, the Ocoee River Outfitters Association, 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 TN Whitewater, LLC equipment or my participation in TN Whitewater, LLC 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 TN Whitewater, LLC, the Ocoee River Outfitters Association, 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 other-wise between the parties to which TN Whitewater, LLC or its agents is a party shall be either the City of Benton, Tennessee Justice Court or State Supreme Court in Polk County Tennessee.

I HAVE READ THE ABOVE WAIVER AND RELEASE. BY SIGNING IT, I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE TN WHITEWATER, LLC, THE OCOEE RIVER OUTFITTERS ASSOCIATION, 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.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

___ **Horseback:** Helmets are available; use is required for all Scouts and all others under 18 years of age . Closed-toe shoes must be worn. For the health and safety of our horses, a weight limit of 260 pounds must be adhered to.

___ **Mountain Biking:** Helmets are provided and required. Closed-toe shoes must be worn.

This is not for scouts

Paintball: ADDITIONAL RELEASE REQUIRED
A protective mask is provided and required; long pants and sleeves are suggested. A top-quality gun, CO2, and 200 paintballs are provided for each participant. Additional paintballs can be purchased in advance or on the field; we cannot allow individuals to bring their own paintballs. You are welcome to bring your own gun; we will gladly calibrate it to our course requirements.

___ **River Rafting:** An approved PFD, helmet, and paddle are provided and required. Safety instructions will be given prior to each river trip. Shoes must be able to stay on your foot; no flip-flops.
Ocoee rafters must be 12 years old or older!

___ **High Ropes / Swing, & Challenge Course:** Both High and Low elements are available. Closed-toe shoes are strongly encouraged.

WEX Form No. 5001 (Rev 2015-09)

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FORMS

Nantahala River Whitewater Rafting Trip

WAIVER AND RELEASE OF LIABILITY

In consideration of TN Whitewater, LLC furnishing services and/or equipment to enable me to participate in sponsored 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 TN Whitewater, LLC equipment and my participation in such 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 TN Whitewater, LLC, the Ocoee River Outfitters Association, 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 TN Whitewater, LLC, the Ocoee River Outfitters Association, the Tennessee Valley Authority, the State of Tennessee, or the United States, or by any other person. In addition, I hereby grant permission to TN Whitewater, LLC to make and use for promotion or other purposes, photographic records without recourse or compensation to me.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify TN Whitewater, LLC, the Ocoee River Outfitters Association, 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 TN Whitewater, LLC equipment or my participation in TN Whitewater, LLC 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 TN Whitewater, LLC, the Ocoee River Outfitters Association, 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 other-wise between the parties to which TN Whitewater, LLC 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 BT OVER 60 POUNDS.

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND BY SIGNING IT AGREE, IT IS MY INTENTION TO EXEMPT AND RELIEVE TN WHITEWATER, LLC, 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.

SIGNATURE	AGE	DATE SIGNED

SIGNATURE OF PARENT OR GUARDIAN (If less than 18 years old)	GROUP NAME

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

WEX Form No. 5003 (Rev. 2016-05)

Nantahala River Whitewater Rafting Trip

WAIVER AND RELEASE OF LIABILITY

In consideration of TN Whitewater, LLC furnishing services and/or equipment to enable me to participate in sponsored 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 TN Whitewater, LLC equipment and my participation in such 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 TN Whitewater, LLC, the Ocoee River Outfitters Association, 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 TN Whitewater, LLC, the Ocoee River Outfitters Association, the Tennessee Valley Authority, the State of Tennessee, or the United States, or by any other person. In addition, I hereby grant permission to TN Whitewater, LLC to make and use for promotion or other purposes, photographic records without recourse or compensation to me.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify TN Whitewater, LLC, the Ocoee River Outfitters Association, 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 TN Whitewater, LLC equipment or my participation in TN Whitewater, LLC 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 TN Whitewater, LLC, the Ocoee River Outfitters Association, 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 other-wise between the parties to which TN Whitewater, LLC 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 BT OVER 60 POUNDS.

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND BY SIGNING IT AGREE, IT IS MY INTENTION TO EXEMPT AND RELIEVE TN WHITEWATER, LLC, 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.

SIGNATURE	AGE	DATE SIGNED

SIGNATURE OF PARENT OR GUARDIAN (If less than 18 years old)	GROUP NAME

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

WEX Form No. 5003 (Rev. 2016-05)

Northeast Georgia Council, BSA
Phone: 706-693-2446
Fax: 706-693-4849
www.nega-bsa.org

WILDWATER
Wildwater's Chattooga Ridge Adventure Center
PO Box 309, Long Creek, SC 29658
(864) 647-9587 • FAX: (864) 647-5361

(Wildwater information only)

Date _____ Trip Time _____ Group Name _____

WAIVER AND RELEASE OF LIABILITY–PLEASE READ CAREFULLY

In consideration of Wildwater, Ltd. furnishing services and/or equipment to enable me to participate in whitewater paddling, transportation and other activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of paddling equipment and my participation in paddling activities and related 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 owner, employees, officers or agents of the United States of America, United States Forest Service, and Wildwater, Ltd.; 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, staff decision making, including that staff may misjudge terrain, weather, transportation, 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 and hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) and 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 the United States of America, United States Forest Service, and Wildwater, Ltd., 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 the United States of America, United States Forest Service, and Wildwater, Ltd. 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 paddling equipment or my participation in paddling activities, transportation, and related 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 the United States of America, United States Forest Service, and Wildwater, Ltd.

I hereby authorize Wildwater, Ltd. and its photographic agents to take and utilize photographs of me for the purpose of sale, promotion and advertising.

I understand that I and anyone for whom I sign as a Parent or Guardian must be of the required age or weight.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE WILDWATER, LTD. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

(optional) email: _____

PLEASE SIGN AND FILL OUT COMPLETELY

X _____	_____	_____	_____	Age _____
Signature of Participant	Street Address	City, State, Zip	Print Name	IF UNDER 18

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)
This is to certify that I, as parent/guardian with legal responsibility of this participant, do consent and agree to his/her release as provided above of 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.

X _____	_____	_____
Parent or Guardian	Date	Emergency phone number(s)

3/2011

For NOC use only	
Activity Date:	Rsv Party Name:
Activity Time:	Rsv #:
Activity Type:	# in Party:

RELEASE OF LIABILITY/LIABILITY WAIVER FORM

FULL LEGAL NAME of

PARTICIPANT:_____

ADDRESS:_____

CITY, STATE, ZIP:_____ PHONE: _____

EMAIL: _____

☐ Check if you do not want to be occasionally contacted about NOC offers and promotions.

PRINT Full Name of Emergency Contact: _____

Relationship of emergency contact: _____ Phone(s) of Contact Person: _____

Activity Participation Acknowledgement

I, the undersigned, hereby acknowledge that I am participating in an activity for which Nantahala Outdoor Center, LLC, a Georgia limited liability company or one of its subsidiaries (individually and collectively, "NOC") is furnishing equipment or services and which requires physical exercise, including, without limitation, rafting, kayaking, swimming, stand-up paddle boarding, rock climbing, hiking, rappelling, zip-lining, ropes course navigating, or cycling (the "Activity"). By signing this waiver, I certify that I am in good health and physical condition and do not suffer from any disability which would prevent my participation in the Activity. I agree to abide by any decision of any NOC employees, organizers, volunteers, directors, representatives, agents, and officers (collectively, the "NOC Parties") regarding my ability to safely participate in the Activity. I fully understand that I may injure myself as a result of my participation in the Activity and that certain injuries may result in death or permanent physical disability. I also acknowledge and agree that my participating in any Activity may be terminated immediately if any of the NOC Parties believe, in their sole discretion that I am unable to complete the Activity for any reason or that I am under the influence of alcohol or drugs.

Risk Acknowledgement, Indemnity and Release

In consideration of my participation in the Activity, I hereby assume all risks, known and unknown, associated with participation in the Activity including, but not limited to, any injuries resulting from falls, contact with other participants, the conditions of Activity sites, bodily injuries and death. To the fullest extent permitted by law, I hereby agree to indemnify, hold harmless and defend the NOC Parties, as well as, where applicable, the Tennessee Valley Authority, Ocoee River Outfitters Association, the state of Tennessee, the U.S. Forest Service, the United States of America and other any federal or state governmental agencies or other entities who may have an interest in any river, lake, or other real property or waterway on which the Activity takes place (individually and collectively, the "Indemnified Parties") from and against any and all claims, losses, damages, expenses and other liabilities (including, but not limited to, court costs and attorney's fees) arising out of or resulting in whole or in part from my participation in the Activity. I for myself and anyone entitled to act on my behalf, including, but not limited to my heirs and successors, hereby RELEASE, WAIVE AND FOREVER DISCHARGE the Indemnified Parties from any and all claims, losses, damages, expenses and other liabilities of any kind arising out of my participation in the Activity even if such claims, losses, damages, expenses and other liabilities arise out of negligence or carelessness on the part of any or all of the of the Indemnified Parties.

Media Release

I hereby grant and convey to the NOC Parties all right, title and interest I may have in any and all photographs, motion pictures, video recordings, and any other recordings made during or about the Activity, and the NOC Parties shall have the right to exploit such recordings throughout the universe, an unlimited number of times, in perpetuity by any and all means and media, now known or hereafter invented.

Medical Emergencies

I hereby give permission to the NOC Parties to contact emergency services for help, whether or not the NOC Parties have contacted my emergency contact, and give permission to a licensed physician or other licensed medical provider to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery. I hereby RELEASE, WAIVE AND FOREVER DISCHARGE the NOC Parties from any and all claims, liabilities, causes of action, damages, demands, judgments, executions, liens and costs whatsoever in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against the NOC Parties for obtaining emergency medical services for me pursuant to this authorization and waiver.

_____ _____
Date Your Signature

If you are under the age of 18, your parent or guardian must execute this form on your behalf.

_____ _____
Date Your Parent's or Guardian's Signature

CHALLENGE COURSE and CLIMBING/ HEALTH HISTORY
AND CONSENT FORM
ADULT OR CHILD

.
You are about to take part in a challenge ("ropes") course experience and or climbing/rappelling ("activity") offered through the Boy Scouts of America, Northeast Georgia Council on_____(date).

While participating in the activity you will undertake a wide variety of physical and mental challenges that are comparable to activities with which you may be more familiar. Much of the time, you will be engaged in activity of "moderate exertion," which is comparable to normal walking, golfing on foot, raking leaves, calisthenics, or slow dancing. For short periods of time, you will be engaged in activity of "vigorous exertion," which is comparable to fast walking, slow jogging, heavy gardening, or shoveling snow.

If any of the above activities are difficult for you, discuss your participation in the activity with your physician. If these are activities in which you regularly engage without difficulty, you should be fit for participation in the program.

Following are specific medical conditions about which participants should always seek the advice of a physician before participating in the activity:

- Pregnancy (climbing harness can injure uterus)
- Kidney or liver transplant (climbing harness can injure transplanted organ)
- Healing fracture or joint injury (should be cleared by treating physician)
- Recent surgery (should be cleared by treating physician)
- Down syndrome (should have x-ray check for neck instability, as per recommendation of the Special Olympics)

If you or your physician has any questions about the physical requirements of the activity, feel free to contact the local council.

Health History

Participant Name:	First	Middle	Last
Telephone:	Home	Work	
Personal physician	Name	Telephone:	
In case of emergency, please contact:	Name	Telephone:	
Special dietary considerations:			
List known allergies:			
List required medications:			
If you are allergic to insect stings, do you have an insect sting kit (e.g., EpiPen)? Yes / No			
Do you wear contact lenses? Yes / No	Are you pregnant? Yes / No		
Have you had or do you now have (circle if yes): Heart attack Diabetes Asthma Angina Epilepsy Chest pains Drug Reactions High blood pressure Heart murmur			
If you answered "yes" to any of the above, explain and include date:			
Do you have any other medical conditions that we should be aware of?			

See next page for Hold Harmless Agreement and Signature Line

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, I have carefully considered the risk involved and have given consent for myself (or my son or daughter) to participate in the activity, and waive all claims I or we may have against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the activity is entirely voluntary. 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. This release does not, however, apply to any harm caused by negligence or willful misconduct of the local council or its employees

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 physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Participant's signature _____Date _____

If the participant is under age 18, his or her parent or guardian must also sign below:

Parent's or guardian's signature _____ Date _____

Talent Release Form (Optional)

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the name, photographs/film/video tapes/electronic representations and/or sound recordings made of my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/ film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

PLEASE PRINT CLEARLY

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Signed: _____
Parent/Guardian: _____
(if under the age of 18)

Northeast Georgia Council, BSA
Camp Rainey Mountain

Summer Camp Registration Form

2018

WWW.NEGA-BSA.ORG

Camp Rainey Mountain	
Week 1 – June 3-9	**Week 5 – July 1-7**
Week 2 – June 10-16	**Week 6 – July 8-14**
Week 3 – June 17-23	**Week 7 – July 15-21**
Week 4 – June 24-30	

What are your school systems start / end dates?_____/_____

Our Troop attended Camp Rainey Mountain/Scoutland _____ or other _____ in 2017.

Troop #_____District_____Council_____

Scoutmaster_____C( )_____W( )_____

Fax( )_____ Email Address_____

Address_____City_____ST_____Zip_____

Contact Person_____C( )_____W( )_____
Please include an alternate contact (committee chair or Assistant SM)

Fax( )_____ Email Address_____

Address_____City_____ST_____Zip_____

Projected # attending camp: Scouts _____Adults_____ ***Actual # at camp in 2017*** _____

Week Preference: 1. _____ 2. _____ 3. _____

Please call the council office to book your reservations! 1.706.693.2446 ** **A $250.00 (NONREFUNDABLE) Registration Fee* must be received on the day of your reservation. We accept checks, MasterCard, Visa, Discover and Amex. Telephone Registrations are confirmed with credit card payment.**
***$200.00 of the registration fee will be applied to your unit's camper fees. $50.00 is an administrative fee.**

Unit Swim Classification Record

Form # 430-122

SPECIAL NOTE: When swim tests are conducted away from camp, the camp aquatics director retains the right to review or retest any or all participants to ensure that standards have been maintained.

Unit Number _____ Date of Swim Test _____

NAME OF PERSON CONDUCTING THE TEST:

_____ _____

Print Name **Signature**

Qualification _____Council/Agency {BSA, Red Cross, YMCA, etc.)

UNIT LEADER:

_____ _____

Print Name Signature

	Full Name {Print} {Draw lines through blank spaces.}	Medical Recheck	Swim Classification		
			Nonswimmer	Beginner	Swimmer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

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	Full Name (Print)	Med Recheck	Swim Classification		
			Nonswimmer	Beginner	Swimmer
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
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SWIM CLASSIFICATION PROCEDURES

Form # 430-122

The swim classification of individuals participating in a Boy Scouts of America activity is a key element in both Safe Swim Defense and Safety Afloat. **The swim classification tests should be renewed annually, preferably at the beginning of each outdoor season.** Traditionally, the swim classification test has only been conducted at a long-term summer camp. However, there is no restriction that this be the only place the test can be conducted. It may be more useful to conduct the swim classification prior to a unit going to summer camp. All persons participating in BSA aquatics are classified according to swimming ability. The classification tests and test procedures have been developed and structured to demonstrate a skill level consistent with the circumstances in which the individual will be in the water (e.g., the swimmer's test demonstrates the minimum level of swimming ability for recreational and instructional activity in a confined body of water with a maximum 12-foot depth).

ADMINISTRATION OF SWIM CLASSIFICATION TEST
(THE LOCAL COUNCIL CHOOSES ONE OF THESE OPTIONS):

OPTION A (at camp):

The swim classification test is completed the first day by camp aquatics personnel.

OPTION B (Council conducted/council controlled):

The council controls the swim classification process by predetermined dates, locations, and approved personnel to serve as test administrators. When the unit goes to summer camp, each individual will be issued a buddy tag under the direction of the camp aquatics director for use at the camp.

OPTION C (At unit level with council-approved aquatics resource people):

The swim classification test done at a unit level should be conducted by someone that has a current Safe Swim Defense certification card. When the unit goes to summer camp each individual will be issued a buddy tag under the direction of the camp aquatics director for use at the camp.

TO THE TEST ADMINISTRATOR

The various components of each test evaluate the several skills essential to the minimum level of swimming ability. **Each step of the test is important and should be followed as listed below:**

SWIMMER'S TEST:

Jump feetfirst into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting backstroke. The 100 yards must be swum continuously and include at least one sharp turn. After completing the swim, rest by floating.

BEGINNER'S TEST:

Jump feetfirst into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to starting place.

NOTES

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