BSA Troop 77

MARCH

2023

Campout

Leader/Scout

Information Guide

March 10 – 12, 2023

Broovsville, FL

Sandhill Scout Reservation

POC: Mr. Burden

Printed: 3/9/23

MERIT BADGE THEME

Shotgun Shooting (MB) ← ***Everyone***
Rifle (MB) ← ***Only those that have had previous training.***
Camping (MB)
Cooking (MB)

MARCH 2023 CAMPOUT LOCATION

11210 CORTEZ BLVD
BROOKSVILLE, FL 34613
PHONE: 352.596.6082

DEPARTURE POINT AND DATE / TIME

FRIDAY MARCH 10 , 2023
***DEPART AT 6:00 PM (or earlier if possible) ***
TRINITY PRESBYTERIAN CHURCH OF SEVEN SPRINGS
4651 LITTLE ROAD, NEW PORT RICHEY, FL 34655

PICKUP POINT AND DATE / TIME

SUNDAY, MARCH 12, 2023
*** ARRIVE LATE MORNING (approx 11am) ***
TRINITY PRESBYTERIAN CHURCH OF SEVEN SPRINGS
4651 LITTLE ROAD, NEW PORT RICHEY, FL 34655

LEADER ATTENDANCE:

1. **X** Blosser, Jen – (813) 748-7687 (ASM) (Sat day only)
2. **R** Bodner, Phillip – (863) 393-5112 (ASM) (SSD, SA, COS, ASM, HW, WB, PH)
3. Burden, Gary – (727) 410-5254 (ASM / POC) (SMS, CPR, WFA, R, SG, A)
4. Davis, David – (727) 871-1911 (SM) (SMS, IOLS, SSD, SA, PCS, AQS, HW, CPR, WB, PH)
5. Dziena, Geoff – (xxx) xxx-xxxx (ASM) (Late Fri)
6. Ferraz, Mike – (813) 393-0367 (ASM) (BALOO, SMS, IOLS, SSD, SA, LG, HW, CPR, WB, PH)
7. Ferraz, Jen – (813) 363-5253 (CM) (BALOO, IOLS, R, SG, A, SSD, SA, HW, WB, PH) (Sat day only)
8. **SG** Gerlach, Christian – (256) 683-5743 (ASM) (IOLS, SSD, SA, PCS, AQS, HW)
9. Johnson, John – (727) 638-0988 (ASM)
10. **SG** Kranz, Aaron – (727) 946-2243 (ASM)
11. Martinez, Nadia – (Parent) (Sat day only)
12. **SG** Noel, Mike – (727) 453-8253 (ASM) (SMS, IOLS, SSD, SA, PCS, AQS, HW, WB, PH)
13. Pugliese, Denys – (727) 271-9584 (ASM)
14. **SG** Saunders, Steve – (727) 215-3339 (ASM)
15. **SG** Smith, Jesse– (315) 489-9210 (ASM) (BALOO, WB, PH) (Sat day only)
16. **SG** Snyder, Gene – (813) 362-7016 (ASM) (IOLS, WFA, CPR)
17. Swartz, Dave – (813) 785-5653 (ASM) (IOLS, WFA, CPR)

Total Adult Leadership Attending: 17
Total Adult Leadership Camping: 13

Merit Badge Counselors

Shotgun – Gary Burden / Jen Ferraz
Rifle – Gary Burden / Jen Ferraz

Adult Positions/Trainings

SM – Scoutmaster, ASM – Assistant Scoutmaster, CM – Committee Member, POC – Point of Contact

BALOO - Basic Adult Leader Outdoor Orientation, SMS – Scoutmaster Specific, IOLS – Outdoor Leadership Skills
SSD – Safe Swim Defense, SA – Safety Afloat, AQS – Aquatic Supervision, PCS – Paddle Craft Safety
LG – Life Guard, CPR – CPR, HW – Hazardous Weather
R – BSA NRA Rifle, SG –BSA NRA Shotgun, A – BSA NRA Archery
WFA – Wilderness First Aid, COS – Climb on Safely, TS – Trek Safely
WB – Wood Badge, PH – Powderhorn

SCOUT ATTENDANCE:

Osprey Patrol (7/12)
~~Doherty, Trenton~~
X Gerlach, Andreas RMB / QSMB
X Jacobsen, Kayden
~~Johnson, Christopher~~
X Kranz, Axel
~~Murphy, Liam~~
X Ravichandran, Ishaanth - SPL
~~Rivera, Javan~~
X Rossmann, Andrew QRMB- PL
X Smith, William RMB (Sat day only)
~~Triglia, Thomas~~
X Wendorff, Beckett - APL

Phoenix Patrol (6/10)
~~Blankenship, Brent - ASPL~~
~~Long, Ian~~
~~O'Brien, Paul~~
X Rossmann, Anthony QRMB - PL
X Saunders, Julian
X Shimer, Idan
X Snyder, Lorenzo QRMB
X Swartz, Landon RMB - APL
~~Thomas, Russ~~
X Vasquez, Collin

Spartan Patrol (8/12)
X Alhassan, Adam RMB / QSMB (Sat day only)
X Burden, Cooper RMB / SMB - JASM
~~Clohessy, Nicholas~~
. Cook, Mason
XDavis, Cooper QRMB / QSMB
~~Duran, Josue - APL~~
X Dziena, Dominick QRMB / QSMB (Late Fri)
~~Fisher, Sam~~
X Leonard, Ollie
X O'Brien, Chase RMB / SMB (Sat-Sun)
X Pugliese, Brian QRMB / QSMB - PL
X Russell, Blane

Pirates Patrol (6/11)
X Blosser, Nixon (Fri-Sat)
~~Davis, Carson~~
~~Dunning, Liam - PL~~
X Fischer, Benno - APL (Late Fri)
~~Frankowski, Sebastian~~
X Johnson, Parker QRMB
X Snyder, Francesco
X Taylor, Zachary RMB / QSMB
~~Tury, Gabriel~~
X Vasey, Matthew RMB / SMB
~~Yovanovich~~, ~~Micah~~

Anaconda Patrol (9/10)
X Bodner, Hunter RMB
X Davis, Jackson RMB/SMB - JASM (Sat day only)
X Ferraz, Caiden - PL
X Mapes, Noah
X Martinez, Jayden (Sat day only)
X Noel, Jake RMB / SMB
X Pugliese, Owen
~~Robinson, Cole - APL~~
X Santoli, Chuck QRMB / SMB - ASPL
X Zuke, Jordan

Guest Scouts (x)
Derek Johnson - Phoenix Patrol

Total Scouts Attending: 36

X = Confirmed Attendance

RMB = Completed Rifle MB
SMB = Completed shotgun MB
QRMB = Just needs to Qualify for Rifle MB
QSMB = Just needs to Qualify for Shotgun MB

Total potentially Shooting Shotgun = 36 Scouts
Total potentially Shooting Rifle = 19 Scouts

TRANSPORTATION: (Subject to Change)

1. **Gary Burden / (4-5)**
    a. Cooper Burden
    b. Ishaanth Ravichandran
    c. Beckett Wendorff

2. **Dave Davis / Hyundai Ioniq (4-5)**
    a. Cooper Davis
    b. Matt Vasey
    c. Jordan Zuke

3. **Denys Pugliese / (4-5)**
    a. Brian Pugliese
    b. Owen Pugliese
    c. Chuck Santoli

4. **Mike Ferraz / Truck (4-5)** **Pulling Trailer**
    a. Caiden Ferraz
    b. Ollie Leonard
    c. Idan Shimer

5. **Aaron Kranz / Ford Bronco (4-5)**
    a. Axel Kranz
    b. Blane Russell
    c. Kayden Jacobsen

6. **John Johnson / Truck (4-5)**
    a. Parker Johnson
    b. Nixon Blosser
    c. Noah Mapes

7. **Gene Snyder / (4-5)**
    a. Lorenzo Snyder
    b. Francesco Snyder
    c. Benno Fischer - Home only

8. **Dave Swartz / (4-5)**
    a. Landon Swartz
    b. Anthony Rossman
    c. Andrew Rossman

9. **Mike Noel / (4-5)**
    a. Jake Noel
    b. Collin Vasquez
    c. Zachary Taylor

10. **Steve Saunders / Tesla (4-5)**
    Meeting at SH Fri
    a. Julian Saunders

11. **Christian Gerlach / (2)**
    Meeting at SH Fri
    a. Andreas Gerlach

12. **Philip Bodner / (2)**
    Meeting at SH Fri
    a. Hunter Bodner

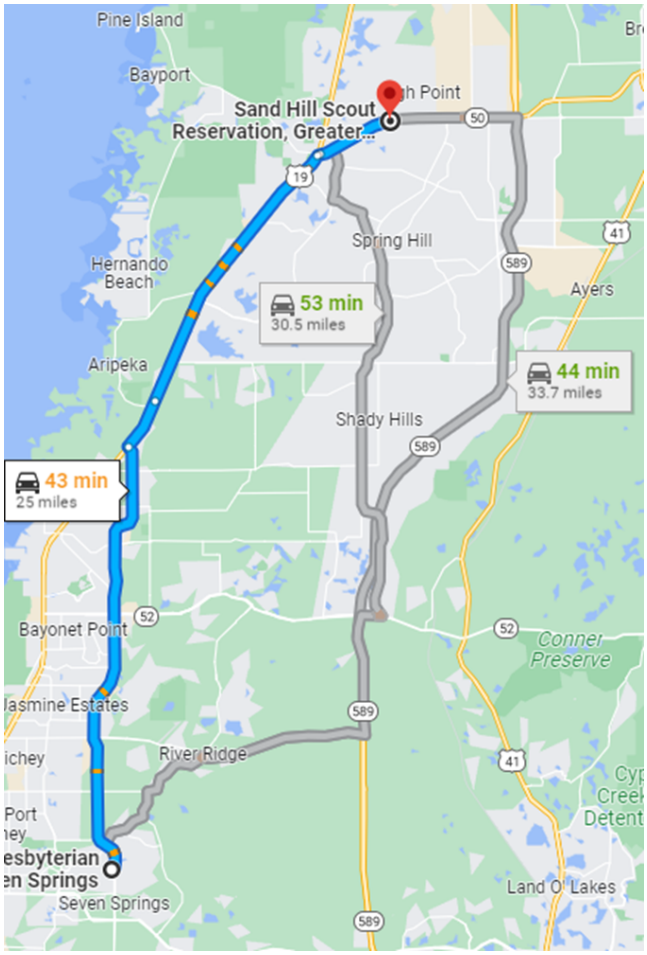
13. **Geoff Dziena / (2)**
    Meeting at SH Fri
    a. Dominick Dziena

Arriving Separately:

Jesse / William - Sat
Aihab / Adam - Sat
Nadia / Jayden - Sat
Chase - Sat
Jackson - Sat
Benno - Fri Night
Jen Blosser - Sat
Jen Ferraz - Sat

DIRECTIONS:

MAP FROM TRINITY PRESBYTERIAN CHURCH OF SEVEN SPRINGS TO:
Sand Hill Scout Reservation, Greater Tampa Bay Area Council, Boy Scouts of America Camp
11210 Cortez Blvd, Brooksville, FL 34613 (352) - 596-6082



CONTACTS:

Sand Hill Scout Reservation (352) – 596-6082
Greater Tampa Bay Area Council (813) – 872-2691

NEAREST TOWN:

Spring Hill, FL

CLOSEST MEDICAL FACILITY:

HCA Florida Oak Hill Hospital (1.5 miles)
Phone (352)–596-6632
11375 CORTEZ BLVD BROOKSVILLE, FL 34613

CLOSEST POLICE STATION:

Brooksville Police Department (10 miles)
Phone (352)–754-6800
201 Howell Ave Brooksville, FL 34601
Hernando County Sheriff Department (9 miles)
Phone (352)–754-6830
87 Veterans Ave, Brooksville, FL 34601

AGENDA:

Friday, March 10th, 2023

DINNER AT HOME (or bring with you)
5:30 pm – Loading trailer and vehicles
6:00 pm – Leave Church
7:00 pm – Set up camp
9:00 pm – Cracker Barrel
11:00 pm – Lights out - (Early morning rise)

Saturday, March 11th 2023

6:00 am – Scouts/Adults up to prepare breakfast
7:40 am – Start Walk to Shot Gun Range
- *Bring Water Bottles, Water Cooler, Grill and Food Coolers with Lunch to Range*

8:00 am – Shotgun Shooting Begins with Safety Briefing
9:00 am – Shooting Starts
11:00 am – Lunch Prep
12:00 pm – Lunch/Clean-up
1:00 pm - 2nd Round of Shotgun Shooting. Rifle Range opens up to those shooting.
4:45pm - Range Clean-up
5:15 pm – Prep for Dinner
6:30 pm – Dinner
8:30 pm – Prep for Cracker Barrel
9:15 pm – Cracker Barrel
11:00 pm – Lights Out

Sunday, March 12th 2023

8:00 am – Scouts up for Breakfast *(maybe earlier depending on forecast)*
9:30 am – Break Camp / Thorns and Roses
Approx. 10:15 am – Leave Camp
Approx. 11:00 am – Arrive at Church

Note:
Daylight Savings time switch Saturday Night/Sunday Morning.
We lose an hour.

DUTY ROSTER: (BY SPL)

	Fri CB	Sat Break	Sat Lunch	Sat Dinner	Sat CB	Sun Break
Site Cleanup	Anaconda	Osprey	Spartan	Pirate	Phoenix	Entire Troop
Fire	Osprey	Spartan	Pirate	Phoenix	Anaconda	X
Water						
Meals		Spartan Cooper D Ollie Dominick Phoenix Anthony Julian Lorenzo Osprey Ishaanth Axel Beckett Anaconda Hunter Chuck Owen Pirate Benno Nixon Parker	Troop Adam Jordan Zachary Idan	Spartan Cooper B Brian Blane Phoenix Anthony Julian Idan Osprey Ishaanth Andrew Kayden Anaconda Jake Noah Cole Pirate Mathew Francesco Parker	Spartan Chase Cooper D Ollie Phoenix Landon Collin Lorenzo Osprey Andreas William Andrew Anaconda Jackson Caiden Jayden Pirate Nixon Benno Zachary	
Dishes	Spartan	Pirate	Phoenix	Anaconda	Osprey	X
Service	X	X	X	X	X	X

MEALS – Cook assigned meals for all scouts.
DISHES – Prep Cleaning area and Clean **shared** dishes for the assigned meal.
All scouts should wash their own personal dishes.
SITE CLEANUP – Pick Up & Discard any trash in the camp site.
FIRE – Gather firewood and start fires. Care for and refuel. Put out fire.
WATER – Get drinking water and all water needed for any fires.
SERVICE –

Spartan MEALS: Friday CB – Cheese, Crackers, Grapes Saturday Breakfast – Pancakes, Bacon Saturday Lunch – Hot Dogs Saturday Dinner –Chicken Kabobs Saturday CB – Funnel Cakes Sunday Breakfast – Donuts, Pop Tarts	**Osprey MEALS:** Friday CB – Oreos, Grapes Saturday Breakfast – Breakfast Burritos Saturday Lunch – Hot Dogs Saturday Dinner – Jambalaya Saturday CB – D.O. Coc. Cherry Cake Sunday Breakfast – Mini Muffins, Uncrustables	**Phoenix MEALS:** Friday CB – Popcorn Saturday Breakfast – French Toast, Bacon Saturday Lunch – Hot Dogs Saturday Dinner – Chicken Parm Saturday CB – D.O. Coc. Cherry Cake Sunday Breakfast – Banana Bread
Pirate MEALS: Friday CB – Oreos, Grapes Saturday Breakfast – Eggs on Avocado Toast Saturday Lunch – Hot Dogs Saturday Dinner – Chicken Kabobs Saturday CB – Banana Boats Sunday Breakfast – Pop Tarts	**Anaconda MEALS:** Friday CB – Oreos, Grapes Saturday Breakfast – McGriddles Saturday Lunch – Hot Dogs Saturday Dinner – D.O. Pizza Saturday CB – Dirt Cups Sunday Breakfast – Donuts	

*Water / Gatorade will always be avaialble.

"Sand Hill Grace"
For the hills, for the sand,
for the bounty of the land,
for water bright
and the pristine sunlight.
For all who guide our programs path
for all opportunities that Scouting hath
We thank Thee, O Lord.

Adult MEALS:
Friday CB – Mike Noel / Christian Gerlach
Saturday Breakfast – Mike Ferraz / Steve Saunders / Philip Bodner
Saturday Lunch – Jen Blosser / John Johnson
Saturday Dinner – Gene Snyder / Dave Swartz / Denys Pugliese
Saturday CB – Aaron Kranz
Sunday Breakfast – Dave Davis

WEATHER

Today	77°/50°		Scattered Thunderstorms	46%	NW 10 mph
Sat 11	77°/61°		Partly Cloudy	4%	SSE 7 mph
Sun 12	79°/53°		Scattered Thunderstorms	58%	SW 15 mph

As of 3/10/2023 *Currently We are expecting rain Friday 6-7pm. possible rain Sunday morning starting at 9am.. So hopefully it will hold off until we are packed up and out...

CONDITIONS TO BE AWARE OF:

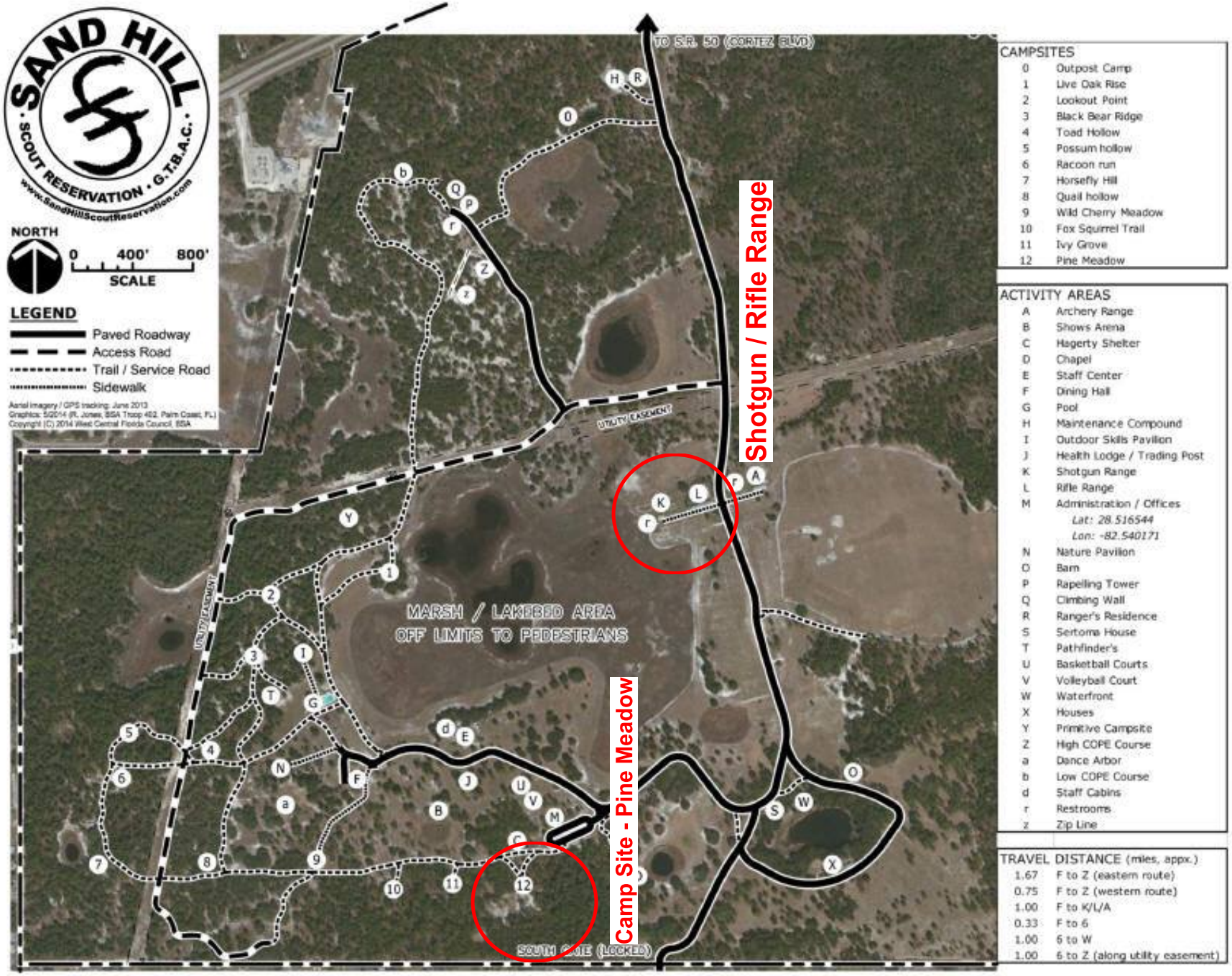
WE WILL BE ON A LIVE SHOOTING RANGE.
FOLLOW THE DIRECTION OF YOUR ADULT AND PATROL LEADERS AT ALL TIMES.

THE THREE ALWAYS

1. ALWAYS KEEP YOUR FINGER OFF THE TRIGGER
2. ALWAYS KEEP SHOTGUN POINTED IN A SAFE DIRECTION
3. ALWAYS KEEP THE SHOTGUN UNLOADED UNTIL READY TO SHOOT

TENT ASSIGNMENTS:

Plenty of room at this campout. Scouts can camp individually or 2-3 to a tent.
If tenting together, scouts must be no more than 2 years (24 months) apart in age per BSA rules.
Plenty of trees for Hammock camping.


SAND HILL
SCOUT RESERVATION • G.T.B.A.C. •
www.SandHillScoutReservation.com
NORTH
0 400' 800'
SCALE
LEGEND
Paved Roadway
Access Road
Trail / Service Road
Sidewalk
Aerial imagery / GPS tracking: June 2013
Graphics: 5/2014 (R. Jones, BSA Troop 462, Palm Coast, FL)
Copyright (C) 2014 West Central Florida Council, BSA
TO S.R. 50 (CORTEZ BLVD)
UTILITY EASEMENT
Shotgun / Rifle Range
MARSH / LAKEBED AREA
OFF LIMITS TO PEDESTRIANS
Camp Site - Pine Meadow
SOUTH GATE (LOCKED)
CAMPSITES
0 Outpost Camp
1 Live Oak Rise
2 Lookout Point
3 Black Bear Ridge
4 Toad Hollow
5 Possum hollow
6 Racoon run
7 Horsefly Hill
8 Quail hollow
9 Wild Cherry Meadow
10 Fox Squirrel Trail
11 Ivy Grove
12 Pine Meadow
ACTIVITY AREAS
A Archery Range
B Shows Arena
C Hagerty Shelter
D Chapel
E Staff Center
F Dining Hall
G Pool
H Maintenance Compound
I Outdoor Skills Pavilion
J Health Lodge / Trading Post
K Shotgun Range
L Rifle Range
M Administration / Offices
Lat: 28.516544
Lon: -82.540171
N Nature Pavilion
O Barn
P Rapelling Tower
Q Climbing Wall
R Ranger's Residence
S Sertoma House
T Pathfinder's
U Basketball Courts
V Volleyball Court
W Waterfront
X Houses
Y Primitive Campsite
Z High COPE Course
a Dance Arbor
b Low COPE Course
d Staff Cabins
r Restrooms
z Zip Line
TRAVEL DISTANCE (miles, appx.)
1.67 F to Z (eastern route)
0.75 F to Z (western route)
1.00 F to K/L/A
0.33 F to 6
1.00 6 to W
1.00 6 to Z (along utility easement)

PACKING LIST:

Troop Equipment List

- Tarps / Tents
- Canopy Tents
- Hand soap / Sanitizer
- LED Lanterns
- Ice Chest / Ice
- Food
- Cooking Equipment
- Gas / Charcoal
- Duct Tape
- First Aid Kit
- Axe / Rope
- Garbage Bags
- Troop Banner, Patrol Flags, Troop Flag
- Permission Slips, BSA Medical Forms and Copy of Insurance Cards.
- Water Filter and Hot Water System

Scout Packing List

- BSA Field Uniform – (class A)
- BSA Activity Uniform – (class B)
- Sweatshirt/Jacket (cool nights)
- Sneakers
- **Scout Hat**
- **Rain Gear**
- Personal Tent (If you have one please use)
- Sleeping Bag & pillow
- Sleeping Mat
- Personal First Aid kit
- **Sunscreen**
- Insect Repellant
- Rain Gear (low chance)
- Shower Towel
- Shower Sandals
- Toiletries – soap, deodorant, toothpaste, toothbrush, etc
- Flashlight/Lantern/Headlamp
- Mess Kit
- Camelback/Cup/**Water Bottle**
- Scout Handbook
- Merit Badge Booklets
- Pens/Pencils/Paper
- Camp Chair
- Personal First Aid Kit

Optional Items:

- Camera / GoPro
- Book of Faith
- Pocket Knife
- Fire'm Chit Card & Totin' Chip Card
- Rope
- Medications
- Hammock
- Watch
- Glasses, Sunglasses or Goggles. They will be available for shooting, but if you want your own.
- Ear Protection. They will be available for shooting, but if you want your own.

Mobile Devices:

- Mobile devices are allowed so long as not used for gaming/social media.
- They can be used for photos, wayfinding, research, notes, etc.
- Devices can be taken away by leadership if they are not following these guidelines.

NOTES: Label EVERYTHING with your name

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant / Nombre del participante _____ Middle initial / Inicial del segundo nombre _____ Last name / Apellido _____

Birth date (month/day/year) / Fecha de nacimiento (mes/día/año) ___ _____ / _____ /_____ Age during activity / Edad al momento de realizar la actividad _____

Address / Domicilio _____

City / Ciudad _____ State / Estado FL Zip / Código postal _____

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) / Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.) Shooting Sports Campout From / De 03/10/23 (Date / fecha) to / a 03/12/23 (Date / fecha)

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

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. Information about those activities may be obtained from the venue, activity coordinators, or local council. 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 my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge 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.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, 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.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____
☐ None

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

Restricciones del participante, si existen: _____
☐ Ninguna

Participant's signature / Firma del participante _____ Date / Fecha _____

Parent/guardian printed name / Nombre con letra de molde del padre de familia/tutor _____ Parent/guardian signature / Firma del padre de familia/tutor _____ Date / Fecha _____

Area code and telephone number (best contact and emergency contact) / Código de área y número telefónico (primer contacto y contacto de emergencia) _____ Email (for use in sharing more details about the trip or activity) / Correo electrónico (para informar más detalles sobre el viaje o actividad) _____

Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name / Nombre _____ Phone / Teléfono _____ Email / Correo electrónico _____

BOY SCOUTS OF AMERICA®

680-673
2014 Printing

GREATER TAMPA BAY AREA COUNCIL RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS & INDEMNIFICATION AGREEMENT

Notice – By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims; Assumption of the Risk; Indemnification Agreement

In consideration of being allowed to use the facilities and participate in shooting sport(s), climbing/rappelling, COPE, aquatics or other high adventure activity (collectively the "Activities") provided by the Boy Scouts of America, Greater Tampa Bay Area Council, the instructors, activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity or program ("Releasees"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

1) **TO WAIVE ALL CLAIMS** that they have or may have against the Releasees arising out of the Participant's participation in the Activities or the use of any equipment provided by the Releasees ("Equipment"), including while receiving instruction and/or training;

2) **TO ASSUME ALL RISKS** of participating in the Activities and using the Equipment, even those caused by the negligent acts or conduct of the Releasees, its owners, affiliates, operators, employees, agents, and/or officers. The Participant and his/her parent(s) or legal guardian(s) understand that there are inherent risks of participating in the Activities and using the Equipment, which may be both foreseen and unforeseen and include serious physical injury and death;

3) **TO RELEASE** the Releasees from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of his/her participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training. The Participant and his/her parent(s) or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any negligent acts or conduct of the Releasees to the fullest extent permitted by law. This includes, but is not limited to, a release for conduct that is found to constitute gross negligence or intentional conduct; and

4) **TO INDEMNIFY** the Releasees from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training.

Personal Responsibility

The Participant and his/her parent(s) or legal guardian(s) certify that Participant has no physical or mental condition that precludes him/her from participating in the Activities and that he/she is not participating against medical advice. The Participant and his/her parent(s) or legal guardian(s) understand that Participant's participation in the Activities is voluntary and further understand that they have the opportunity to inspect the Releasee's Equipment and facilities before any participation. The Participant and his/her parent(s) or legal guardian(s) understand

that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of common sense and by being aware of his/her surroundings. If, while participating in the Activities, the Participant or his/her parent(s) or legal guardian(s) observe any unusual hazard or condition, which they believe jeopardizes Participant's personal safety or that of others, Participant and/or his/her parent(s) or legal guardian(s) will remove Participant from participation in the Activities and immediately bring said hazard or condition to the attention of the Releasees.

I understand that any additional cost associated with participation in this program will not be refunded if the Participant is removed due to behavioral problems. For safety, the Participant and I agree that he/she will do the following or he/she will be removed from the program:

- Complete the training offered as part of the program.
- Wear all safety gear as instructed.
- Follow all safety rules provided in the training class.
- Follow the instructions of the director, instructor and safety officers.
- Do not handle any equipment until instructed to do so.
- Is registered with the Boy Scouts of America.

In the case of emergency, I understand that 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 Releasee in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for the Participant.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding, will continue in full force and effect and available for use by the Releasees and its counsel in any proceeding.

EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the Activity is very dangerous and involves the risk of serious injury and/or death and/or property damage. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant's Name (Printed): _____

Participant's Signature _____Date: _____

Parent/Guardian's Name (Printed):_____

Parent/Guardian's Signature: _____ Date:_____