



BOY SCOUTS OF AMERICA

TROOP 59

First Christian Church
Little Rock, AR
<http://www.troop-59.com/>

ACTIVITY FORM

T59 ZIPLINE & HIKE

ARRIVAL & PICK-UP SCHEDULE:

Meet at Scout Room:	7:30a	Saturday, April 13, 2019
Pick-up at Scout Room:	2:00p	Sunday, April 14, 2019

ACTIVITY SCHEDULE:

Saturday AM - Arrive and collect gear, drive to Hot Springs zipline
 Saturday PM - Drive to Hwy 9 and hike to Nancy Shelter on Ouachita Trail
 Sunday - Return to ACCESS

ADVANCEMENT:

Scouts will work on scout skills

EMERGENCY CONTACT:

Tim Cullen - (501) 920-4644
 Hot Springs Adventure Park at Catherine's Landing - (501) 262-9182

Food Cost:	\$16	Patrols will develop menu, cost and collect money
Camp Costs:	\$50	

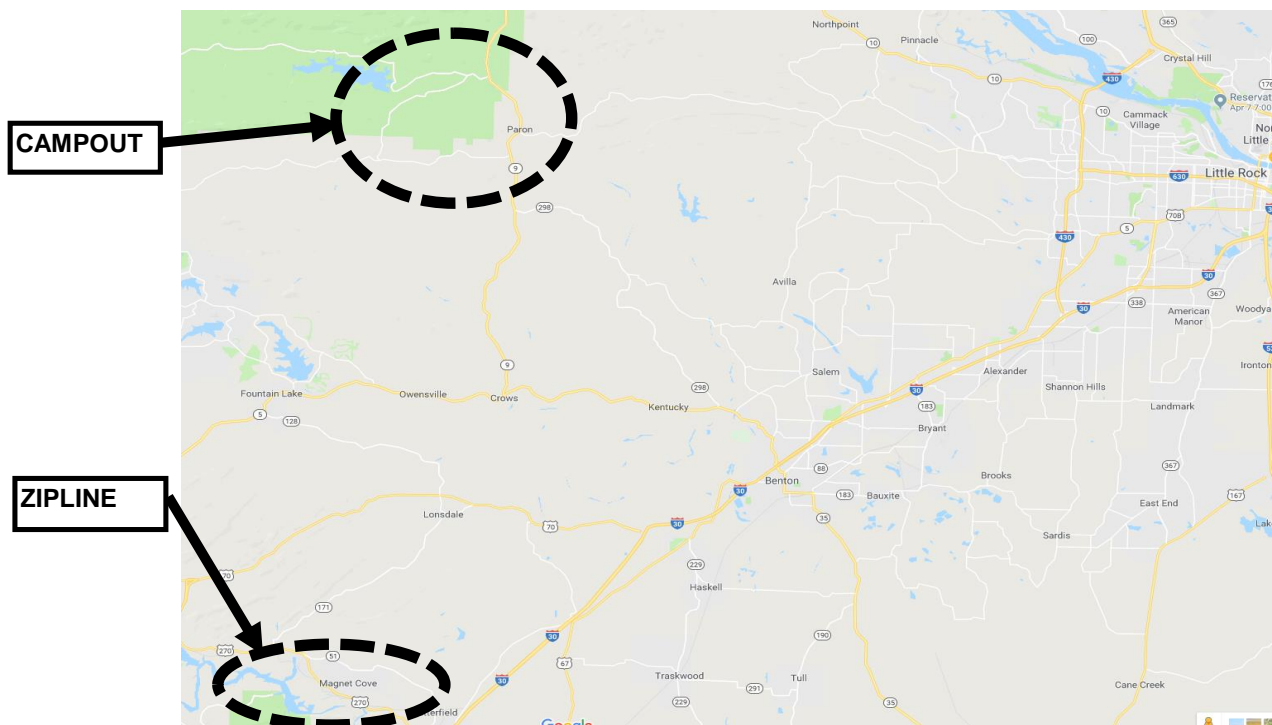
REQUIRED GEAR:

EAT BREAKFAST BEFORE ARRIVING FRIDAY
 Have class B uniform on
 Items required for hiking & camping

Adults: Scott Hall (940-9690) Sam Byrd (219-2998)
 Brad Chilcote (425-3940)

Please have your scout inform his patrol leader if he will be attending this activity and bring \$66 by 4/9/2019 , WITH THE ATTACHED RELEASE FORM

We will inform Troop 59 in writing of any changes of our emergency contact information or changes in our scout's medical condition or medication as noted on Annual BSA Health and Medical Record prior to this



Form #1 of 2-page PDF

**Guardian's RELEASE OF LIABILITY for Minor Child
at Adventureworks Zipline Adventure Park, Hot Springs, AR**

I am an adult guardian for the below named minor participant ("the child"). I understand zip line and/or challenge course participation involves inherent and other risk. Participation may result in physical injury, illness, permanent disability, or death. I understand that the participant will be walking over uneven terrain, and may be walking or climbing on activities at height. I acknowledge that the child, if pregnant, cannot participate in activities that require a harness. The participation is voluntary. I acknowledge the participant will have the opportunity to inquire about the Adventureworks activities in which he/she plans to participate and may ask any questions deemed appropriate regarding those activities and the risks involved. The participant assumes all risk that could result from any of the activities inherent and otherwise and whether or not described above. I have discussed the activities and risks with the child, who understands them and chooses to participate, nevertheless. I, for myself and for the minor child, forever release and discharge Adventureworks, Inc., its staff and principals, from any and all claims including claims of negligence for injuries, damages, or loss as a result of participation in any Adventureworks activity. I understand that the child may be photographed while participating in Adventureworks events. I agree that Adventureworks may use such photographs for any lawful purpose, including publicity, advertising, and web content.

Participant (child) signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Printed names

Child: _____

Guardian: _____

Form #2 of 2-page PDF

**RELEASE OF LIABILITY for the
AERIAL ADVENTURE COURSE
at Adventureworks Zipline Adventure Park, Hot Springs, AR**

I am an adult participant or parent of a minor (under the age of 18) participant, for myself and on behalf of that minor acknowledge and agree as follows: I understand aerial challenge courses and zip lines are sporting activities. Participation involves inherent and other risk and may result in emotional or physical injury, illness, permanent disability, or death. I understand that I will be traversing and climbing man made structures at heights up to 50 feet in the air. I will be responsible for attaching my own safety gear. I significantly increase the risk of death if I unclip my safety gear at height. My participation is completely voluntary. I acknowledge that I have had the opportunity to inquire about the Adventureworks activities in which I plan to participate and have asked any questions I deemed appropriate regarding those activities and the risks involved. I assume all risk that could result from any of the activities inherent and otherwise and whether or not described above. I have discussed the activities and risks with the child who understands them and chooses to participate nevertheless. I, for myself and for the minor child, if any, forever release and discharge Adventureworks, Inc., their staff, principals, and board, from any and all claims including claims of negligence for any injuries, damages, or loss to me as a result of my participation in Adventureworks activities. I understand other participants may be above me and helmets are recommended and available if I choose to wear one.

Participant (child) signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Printed names

Child: _____

Guardian: _____