

Boy Scout Troop 6

Pleasant Ridge Presbyterian Church

Cincinnati, Ohio

January 14-15, 2012

Madison Family Farm, West Union, Ohio

Come hike the Madison Farm and sleep in comfort in the Madison Farmhouse!

Location. West Union, Ohio Directions Attached.

The Madison's have a huge farm with tons of hiking. We will go out Friday evening, getting fast food on the way. We will take a good hike Saturday during the day, with plenty of time to explore the farm. Fishing is possible; bring a mountain bike if you like (adult participation required). We will make breakfast and lunch on Saturday and order pizza for Saturday night!

What to bring (Outdoor essentials, pg. 51 - 54, The Boy Scout Handbook); mountain bikes, day pack, Frisbees, etc.

Boy Scout Troop 6

Parent/Guardian Agreement and Medical Release

I/We hereby grant permission for my/our son(s)/ward(s), _____
(Name of Scout)

and _____, to participate in the January 2012 Outing:
(Name of Scout)

"Camping" and hiking the Madison Family Farm, West Union, Ohio.

In consideration of the benefits to be derived thereby and having full confidence that every reasonable precaution will be taken to assure his/their safety and well being during this activity/trip, I/we voluntarily waive all claims against the leaders of this activity/trip, officers, agents, and representatives of Boy Scout Troop 6 and the Boy Scouts of America.

I/we further give my/our permission for emergency medical assistance. Our son's physician is _____ and may be contacted at phone # _____ in the event of an emergency.

I/we may be contacted at _____, or _____ or _____.

Is he/they in good physical condition, with no serious illness/operation since his last health exam? YES NO

Is he/they currently taking any medications? YES NO Please specify: _____

Does he/they have chronic or ongoing medical conditions of which the leaders should be aware? (Such as allergies, diabetes, asthma, contact lenses, etc.) Please specify: _____

Parent/ Guardian Medical Insurance Coverage: _____
Contract #/Policy # _____

Please see "Risks Specific to this Outing" on Reverse

X _____ X _____
(Signature of Parent/Guardian)

Date: _____

Please note: At least one parent/guardian must sign and date this form (a single signature, however, binds both parents/ guardians). Each Scout must sign below, as well. A new form is required for each activity/trip. The form must be received prior to each activity/trip or participation will not be permitted.

Permission is granted to any emergency room physician to treat our child/ward prior to contacting our child's/ward's physician. ____YES. ____NO, consult our physician first.

X _____ Date: _____
(Signature of Parent/Guardian)

Scout(s): I agree to conduct myself in a responsible manner and in accord with the principles of Scouting during this activity/trip.

_____ Date: _____
(Signature of Scout)

_____ Date: _____
(Signature of Scout)

Madison Farm Camping and Hiking Trip Risks Specific to this Outing

Care must be taken to wear the appropriate clothing and to have spare clothing brought along on the trip. Mountain Biking presents the risk of falls, so helmets are required, as are proper clothing and footwear. Elbow pads are suggested but not required. Fishing presents minor risks associated with fishing hooks. Field games present minor risks associated with falling or tripping. Also, camping and hiking are generally safe and although strenuous, are suitable activities for all scouts in good health. Hikers and campers in the outdoors can encounter hazards such as slippery footing, campfires, high cliffs, and seasonal weather conditions. Scouts must wear clothing/footwear suitable for the weather and should exercise caution to avoid slips, trips, and falls.

As with all other Troop 6 functions, the consumption of alcohol and the use of drugs other than medications listed on the previous sheet are strictly forbidden at any time during this outing.

Please indicate method of payment by checking one box.

- Check (include check number)_____
- Cash (indicate amount) \$_____
- Scout Account (indicate account name below; verify you have enough \$\$ in your scout account first)

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

BASIC COST is \$15.00

No. of campers

I. Money required for deposit

Food, contingency _____ x \$15.00 = _____

TOTAL _____

Questions? Call Kevin Sigward @ 351-2603 or Tony Anaya @ 284-4411

Driver Information - Must be filled out by all those driving on the trip

Liability insurance
Coverage in thousands

Year Make Model Driver's License # # Seat belts

\$____ \$____ \$____

BSA requires coverage of \$50K (one person)/100K (more than one person)/50K (property damage) and that every passenger wears a seat belt at all times