

SUMMER WEEKEND AT CAMP HORSESHOE

JULY 17-19, 2020

CAMP HORSESHOE, RISING SUN, MD.

DAN BEARD CAMPSITE

The troop is planning a fun weekend at Horseshoe. The Covid-19 virus prevented Horseshoe from opening for week-long camping, but it is now open for troop weekend camping. Precautions will be taken to keep Scouts in small groups, six feet apart and we will wear masks all weekend. Scouts will each have their own individual troop tent (no sharing of tents will be permitted) and they will be spaced apart.

The Dining Hall will not be open. The Troop is responsible for all of our meals. All plates and utensils will be disposable, and anyone cooking will wear gloves and masks. There will be no buffet style food service or shared condiments. If you have dietary restrictions, for any reason, please email jackbilson@gmail.com your details before July 11th. Neither the showers nor the pool will be open.

GETTING THERE: As a precaution, we are asking every Scout to provide their own transportation. We are not comfortable utilizing the troop bus just yet. Arrive after 6 PM on Friday July 17, and pick up will be after 9 AM on Sunday July 19.

ACTIVITIES INCLUDE:

Scout skill sessions, advancement, hike to Camp Ware trading post, scavenger hunt, games, rifle shooting (we hope), Saturday night campfire in the newly renovated campfire circle, snacks and Fun!

LIABILITY WAIVER: Each Scout and adult is required to sign a waiver in order to attend. If you are not comfortable signing the waiver, then you may not attend. The waiver follows this information page.

HOW DO I RESERVE A SPOT?

Tell your Patrol Leader by **Friday July 10**. Food cost is \$20 for adults (collected at camp) and free for Scouts.

Dads are encouraged to join us. Please tell your son's Patrol Leader you will be joining us.

WHAT DO I BRING:

Face mask(s)
Hand sanitizer
Sleeping Bag
Flashlight
Sturdy shoes or boots
Extra clothes
Toilet Articles
Water Bottle
Sunscreen
Scout Handbook
Rain jacket or poncho
PACK IN a DUFFEL BAG (no suitcases please)

WHAT IF I HAVE MORE QUESTIONS ?

Call your Patrol Leader or Senior Patrol Leader.

**CHESTER COUNTY COUNCIL, BOY SCOUTS OF AMERICA
FACILITY AND PROPERTY USER CONSENT, WAIVER & RELEASE**

THIS DOCUMENT MUST BE SIGNED BY THE ADULT ATTENDEE OR (IN THE CASE OF A MINOR ATTENDEE), THE PARENT OR LEGAL GUARDIAN OF THE MINOR ATTENDEE. NO CHANGES TO THIS FORM WILL BE ACCEPTED.

Unit: TROOP 78

Scout: _____ Adult Participant: _____

I acknowledge, agree, and represent that I, on behalf of myself and my child (as applicable), understand the nature of the activities to take place, (the "Activities") and that we/he/she is/are qualified, in good health, and in proper physical condition to participate in them. I authorize Chester County Council, Boy Scouts of America, its managers, agents, volunteers, employees, and Willistown Boy Scout Troop 78, its sponsoring organizations, including but not limited to Friends of Troop 78, Inc., and the officers, directors leaders and the respective successors and assigns of any of the foregoing (collectively, "Releasees") and any applicable medical care provider(s) to carry out emergency medical transport and care for my child, as may be necessary in their sole discretion. I understand that it is my/my child's responsibility to comply with all instructions and posted and published procedures, including safety and hygiene procedures and protocols intended to lessen the likelihood of the spread of disease among participants and staff. I further understand that it is our responsibility to comply with all laws and other requirements imposed by federal, state, and local authorities. WE UNDERSTAND THAT THE ACTIVITIES INVOLVE INHERENT RISKS AND DANGERS, including but not limited to falling or loss of balance; being injured by the actions or inactions of other participants and bystanders; falls due to slick or uneven surfaces; equipment failures; equipment misuse by myself or others; potential exposure to communicable disease (including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors); physical injury or illness as a result of physical activity or being on the premises where the Activities take place; which risks may result in SERIOUS INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH (collectively, "Risks"). We understand that the Risks may be caused or contributed to by my own/my child's actions or inactions, the actions or inactions of other participants, bystanders or staff, the conditions and settings in which the Activities take place, or the alleged or actual negligence of the Releasees. We understand that the description and list of Risks in this Agreement is not complete, and that it is possible to encounter Risks not described herein, known and unknown, inherent and otherwise, in connection with the Activities.

With a full understanding of the foregoing, WE VOLUNTARILY AGREE TO ASSUME ALL INHERENT AND OTHER RISKS OF INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of, or in connection with, the Activities, and I, on my behalf and behalf of my child do hereby RELEASE, DISCHARGE, HOLD HARMLESS, AND AGREE NEVER TO SUE RELEASEES FOR LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ARISING FROM OR RELATED TO THE ACTIVITIES, INCLUDING INJURY, ILLNESS, EMOTIONAL DISTRESS, OR DEATH CAUSED IN WHOLE OR IN PART BY THE ALLEGED OR ACTUAL NEGLIGENCE OF THE RELEASEES. I further agree that if, despite this Agreement, I or anyone acting on my behalf makes a claim against any of the Releasees, I will DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the Releasees from any attorneys' fees, losses, liability, damage, or expenses which Releasees may incur as the result of such claim. I understand that this Agreement will apply every time I am on the premises or participate in the Activities. I understand that this Agreement is a contract which will be enforced to the fullest extent allowed by law and will be binding on me, my assignees, subrogors, heirs, assigns, executors, and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be enforceable. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND THAT I MAY HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE.

Parent/Guardian: _____ Date: _____