

# ***BUSHWHACK HIKE***

**Date:** Sunday, January 25, 2015 at 7AM at the church; return to the church 4:30PM'ish.

**Activities:** The Hike will be the Clifton Gorge trail at John Bryan State Park, with a lunch break at the Clifton Mill, and ice cream at Young's Dairy to cap off the hike (start practicing your "moooooooooo"). Hikers will receive a patch for this trail, usually bigger than your head. Please direct any questions, comments or concerns to Scooter Nadolny or Knoble Prosser (who will get back to you).

**Cost:** \$13. Bring additional money for lunch and ice cream (\$12-15).

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In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son or myself during this activity or trip, I hereby agree to participate and waive all claims against the leaders of this activity, the officers, agents, and representatives of BSA, as well as the officers and trustees of BSA Troop 365, Inc., except as such claims are covered by liability or other insurance, or other third party benefits. I have provided to Troop 365 a current signed medical form & authorization on file with the Troop. I know about and agree to follow Troop 365 Committee policies on discipline and knife use. I understand that absolutely no tobacco use, drug use, or alcohol use is permitted at Troop activities and outings.

\* Cancellation Policy: Campout fees are collected when you turn in your permission form. If you cancel within 14 days of the campout, you will be assessed the full amount of the campout fee. (Please note: there may be times when Troop 365 has to cancel an outing. When this occurs, the entire campout fee will be refunded).

\*\* No Late Registration will be taken less than 14 days from the campout unless there is still space available and food has not been purchased.

SCOUT NAME: \_\_\_\_\_ ADULT ATTENDING: \_\_\_\_\_

ACTIVITY RESTRICTIONS (if any):

\_\_\_\_\_

MEDICATIONS (if any):

\_\_\_\_\_

ALLERGIES (if any):

\_\_\_\_\_

PARENT (or Adult participant) SIGNATURE:

Date: \_\_\_\_\_

\_\_\_\_\_

Phone number to reach you: \_\_\_\_\_