



Troop 84

Wake Boarding

Venture Trip



Learn this exciting new sport by New Jersey's Leading School Lines-End

- When: **Tuesday, August 18th**
- Where: On a private lake in Rumson near Red Bank, NJ
- Highlights: Wake Boarding is like water skiing on a snowboard. This is a new, exciting and growing sport. Take a lesson from an expert and have plenty of practice time.
- Depart: **8:15 a.m.** from Mr. Munley's house.
- Return: **4:00 p.m.** at Mr. Munley's house, you will be called.
- Cost: \$34
- Signup: Signup, Permission Form and wavier due Tuesday, June 16th at Troop Picnic or June 22nd at the Adventure Meeting.
- Wear: Bathing suit, sneakers, t-shirt and Troop hat.
- Bring: Day Pack, sweatshirt, beach towel, sun block, water shoes, sunglasses, 2 filled water bottles, change of clothes, snack, spending money. Optional : swim goggles, camera
- Lunch: Bring your own lunch, snack and plenty to drink.
- Instruction: Lands-End Wake Boarding – Mike Ballone

Wake Boarding

Signup and Payment Due June 16th or June 22nd

Scout _____ Will Participate Will Not Participate

Parent _____ Will Participate Will Not Participate

Parent is available to provide transportation Yes No

If Driving, Number of Seat Belts (including driver) in Vehicle is

Trip Date : August 18 Trip Cost : \$34 Scout or Parent Total Paid : _____ by (Circle One) Cash Check Scout-Account

BOY SCOUTS OF AMERICA
TROOP 84 SOMERVILLE, NJ
WAIVER AND PERMISSION FORM

MY SON _____ HAS PERMISSION TO PARTICIPATE
(FIRST NAME) (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS Wake Boarding

WHICH WILL BE HELD AT Read Bank, NJ

MEDICAL CONDITIONS/RESTRICTIONS: _____

MEDICATIONS: _____

IN THE EVENT THAT YOU FIND IT NECESSARY FOR MY SON TO BE RETURNED HOME DUE TO ILLNESS OR OTHER REASONS, I MAY BE REACHED AT (PHONE) _____

OR AS AN ALTERNATIVE, CONTACT MR. /MRS. _____ AT _____

I hereby authorize the scout leaders to seek emergency care and further authorize the physician(s) to provide emergency treatment to my child for any laceration, fracture, other traumatic injury, any symptom, disease or injury which, in the judgment of attending physician, if untreated may be reasonably expected to increase the risk of harm to my child. This consent to care is to be in effect "only" after reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment.

Parent's name (Print)

Parent's Signature

Date

In the event my son has a minor injury, I give my consent to the adult leader in charge to use his/her best judgment to decide if or when to administer the following over-the-counter medications:
Please check consented medications.

For headaches:	Acetaminophen (Tylenol)	_____
For muscle aches:	Ibuprofen (Advil)	_____
For hay fever, bee stings, poison ivy:	Antihistamine	_____
For upset stomach:	Antacid (Tums)	_____

Parent's Signature

Date

**Water Sports Lesson Liability Waiver
Release and Indemnity Agreement**
This document will affect your legal rights and liabilities
Please read carefully before signing

I am aware that water sports involve many inherent RISKS, DANGERS, and HAZARDS, including and not limited to, the use and operation of wakeboards, water-skis, impact of collision with wakeboards, water-skis of any thereof including the fins and other attachments; skin irritations or abrasions caused by the use of wetsuits; ear infections caused by the water; impact to the river banks, or, as the case may be, the river floor; severe weather conditions; my ability to swim in dangerous water conditions, as the case may be; extreme water and air temperatures; the prevailing condition of the tide; the possible existence of dangerous rocks, reefs, driftwood, logs, floating objects, sea mammals and other hazards and obstructions, whether marked or unmarked in the area chosen by you to conduct a lesson; impact of collision with swimmers or other wakeboarders and water-skiers or their boards or skis, whether or not caused by negligence of such swimmers or wakeboarders and waterskiers; dangers involved in traveling to the lesson area including hazards involved in reaching the shoreline by foot.

I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage, or loss resulting from such risks, dangers, and hazards. In consideration of Michael Ballone (Instructor) agreeing to provide me with possible transportation, wakeboard or water-ski instruction, supervision and training (which are together referred to as the "Lesson") as part of the lesson I have registered and agreed to take part in.

I hereby agree as follows:

1. TO ASSUME AND ACCEPT ALL RISKS, DANGERS, AND HAZARDS in connection with my use of the Lessons;
2. TO WAIVE ANY AND ALL CLAIMS that I may have against Michael Ballone, Instructor;
3. TO RELEASE Michael Ballone from any and all liability for any loss, damage, injury or expense that I, or my next of kin, may suffer or incur as a result of my use of the Lessons due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF Michael Ballone, Instructor;
4. TO HOLD HARMLESS AND INDEMNIFY Michael Ballone, Instructor, from any and all liability for property damage, personal injury or death suffered by myself or by a third party as a result of my use of the Lessons;
5. THAT THIS RELEASE AND INDEMNITY AGREEMENT shall be effective and binding on my heirs, next of kin, executors, administrators, and assigns, in the event of my death;
6. TO OBEY all warnings, safety instructions, cautions and other notices provided to me by Michael Ballone, Instructor;
7. Michael Ballone, Instructor, has the right to refuse to provide me with Lessons if, in the opinion of Michael Ballone, Instructor, my swimming abilities, health or the prevailing weather conditions could render it dangerous or unsafe for me to use such Lessons.

I have read and understand this Release and Indemnity Agreement prior to signing it and am aware that by signing this document, I am affecting the legal rights and liabilities of myself, my heirs, next of kin, executors, administrators and assigns in relation to Adam Lindstrom, Instructor of Surfing Lessons.

DATED THIS _____ DAY OF _____ 2009

PARTICIPANT'S SIGNATURE _____

PARTICIPANT'S NAME (please print) _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE _____

PARENT OR LEGAL GUARDIAN'S NAME (please print) _____