

2020 Prairie District

Cub Scout Adventure Day



Saturday, October 10th, 2020
White Bluff Scout Reservation



Cost is \$10 per person; the whole family is welcome! Registration includes morning adventure activities (for Scouts and Siblings only), Lunch, Fishing Derby registration (Scouts, Siblings, and Parents may fish), and a PATCH!

Join us Saturday, October 10th from 9:00am to 3:00pm for a fun filled day of family Scouting. You and your Scout will rotate through adventure activities like Scout Skills, Games, Crafts, and the whole family can compete in our annual Fishing Derby! There will be awards for the biggest, smallest, and ugliest fish! **BRING YOUR OWN FISHING POLE, TACKLE, AND BAIT!**

*****Make sure that the three required documents are filled out prior to coming to the event!*****

Registration, BWC Health Screener and both Child and Adult Waivers

Scouts should be accompanied by an Adult!

Registration Deadline: THURSDAY OCTOBER 1ST, 2020 BY 5:00pm!

ALL registrations received after 10/1/20, including "At The Door," will incur \$3.00 late fee!!

The schedule is as follows:

- 8:00am-9:00am- Parking and Registration
- 9:00am- Welcome and Flag Ceremony- Parade Field
- 9:15am-12:00pm- Cub Adventure Activities- Throughout Main Camp
- 12:00pm-1:00pm- Lunch and Down Time
- 9:15am-3:00pm- Annual Fishing Derby- Weigh in for a chance to win special prizes!

To register, please return this portion of the flyer to:
The Black Warrior Council, Prairie District Adventure Day
P.O. Box 3088
Tuscaloosa, AL 35403

Name of Scout(s) attending: _____
Names of Parent or Guardian: _____
Phone Number: (____) _____ Email: _____

Select the following that apply:

1. Cub Adventure Day & Fishing Derby (lunch included): _____ X \$10 per person
2. Fishing Derby Only (no lunch) – Arrive at 1:00pm _____ X \$5 per person

Total: _____

(Please make checks payable to Black Warrior Council, BSA)

BWC Health Activity Health Screen

Each youth and adults must complete this screener before they come into contact with other youth or adults.

Name of Youth / Adult: _____

Date: _____

Recorded Temperature: _____

Yes	No	(Mark "X" in appropriate box)
		Temperature > 100.4
		Have you had a fever within the last 14 days?
		Have you had a forceful dry cough or productive cough within the last 14 days?
		Have you had difficulty breathing or shortness of breath within the last 14 days?
		Have you had chills or repeated shaking with chill within the last 14 days?
		Have you had new unexplained muscle pain within the last 14 days?
		Have you had new or atypical headache for you within the last 14 days?
		Have you had nausea, vomiting or diarrhea within the last 14 days?
		Have you had a sore throat within the last 14 days?
		Have you had a recent sudden loss of taste or smell?
		Have you had contact* with a person with a confirmed case of COVID-19?
		Have you had contact* with a person with a suspected case of COVID-19?

**Contact is defined as less than 6 feet separation for more than 15 minutes without adequate personal protective equipment.*

If any response is Yes, then the youth or adults cannot participate in the activity. The youth or adults should socially isolate immediately and contact their primary health care provider to seek further medical advice.

Name (Printed): _____

Date: _____

Name (Signed): _____

Date: _____

Parent/Guardian: _____

Date: _____

COVID-19 (Youth Waiver)

ASSUMPTION OF EXPOSURE AND INHERENT RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS, INDEMNITY AGREEMENT, AND DECLARATION

I, the undersigned **parent or legal guardian** of the child (youth) named below, hereby consent to my and/or my child's participation in an Official Scout Activity ("**Scout Activity**") sponsored by the Black Warrior Council, Boy Scouts of America during the COVID-19 pandemic and agree to the following:

COVID-19. COVID-19 is a mild to severe upper respiratory disease caused by the virus SARS-CoV-2 ("**COVID-19**").

Potential Exposure. I understand that COVID-19 is considered highly contagious and is primarily spread from person to person, including asymptomatic persons. COVID-19 is more likely to be spread when people are within approximately six feet of one another. I understand that while attending a Scout Activity I and/or my child will be within six feet of other people.

Inherent Risks. Exposure to COVID-19 includes certain risks, not all of which can be described herein, but may include coughing, shortness of breath, difficulty breathing, fever, chills, shaking, muscle pain, headache, sore throat, loss of taste or smell, pain or pressure in the chest, confusion, inability to wake, and death.

Assumption of COVID-19 Exposure and Inherent Risks. I have read the previous statements regarding COVID-19 exposure and risks ("**COVID-19 Exposure**") inherent in attending a Scout Activity. I understand and appreciate the COVID-19 Exposure inherent in attending a Scout Activity and that health-related reactions may manifest as a result of attending a Scout Activity. I agree that my attendance and or my child's attendance at a Scout Activity is voluntary and hereby knowingly assume the risk of any and all COVID-19 Exposure.

Waiver, Release, and Indemnification. In consideration of being allowed to participate in a Scout Activity and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, and on behalf of my child and myself, and our respective estates, heirs, and assigns, I knowingly, and with informed consent, do hereby waive, release, agree to defend and indemnify, and shall hold harmless the Boy Scouts of America, the Black Warrior Council Boy Scouts of America, my Troop and Chartering Organization, and all of their respective executives, employees, officers, volunteers, agents, owners, affiliates, officers, directors, partners, managers, members, and agents (collectively, "**Released Parties**") from and against all demands, claims, losses, injury, damages, liability, attorneys' fees, costs, and/or expenses of litigation, in law or in equity, whether known or unknown, that have arisen or may arise from any COVID-19 Exposure and my participation in the Scout Activity that involve any damage, loss, or injury to me and or my child. I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification agreement, and promise not to sue shall apply to any and all claims of negligence, but does not apply to any claims of criminal conduct, gross negligence, or willful conduct.

Declaration. I declare that neither I nor any individual residing in the same home as me are ill today nor are currently experiencing, nor have experienced within the last two weeks, any symptoms of COVID-19.

This document is revocable, prospectively only, by a writing signed by me that bears the date the revocation is delivered to the above-mentioned Council.

Child's Name (Printed)

Printed Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Home Phone Number

Cell (Mobile) Phone Number

COVID-19 (Adult Waiver)

ASSUMPTION OF EXPOSURE AND INHERENT RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS, INDEMNITY AGREEMENT, AND DECLARATION

I, the undersigned **parent or legal guardian** of the child (youth) named below, hereby consent to my and/or my child's participation in an Official Scout Activity ("**Scout Activity**") sponsored by the Black Warrior Council, Boy Scouts of America during the COVID-19 pandemic and agree to the following:

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Potential Exposure. I understand that COVID-19 is considered highly contagious and is primarily spread from person to person, including asymptomatic persons. COVID-19 is more likely to be spread when people are within approximately six feet of one another. I understand that while attending a Scout Activity I and/or my child will be within six feet of other people.

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Waiver, Release, and Indemnification. In consideration of being allowed to participate in a Scout Activity and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, and on behalf of my child and myself, and our respective estates, heirs, and assigns, I knowingly, and with informed consent, do hereby waive, release, agree to defend and indemnify, and shall hold harmless the Boy Scouts of America, the Black Warrior Council Boy Scouts of America, my Troop and Chartering Organization, and all of their respective executives, employees, officers, volunteers, agents, owners, affiliates, officers, directors, partners, managers, members, and agents (collectively, "**Released Parties**") from and against all demands, claims, losses, injury, damages, liability, attorneys' fees, costs, and/or expenses of litigation, in law or in equity, whether known or unknown, that have arisen or may arise from any COVID-19 Exposure and my participation in the Scout Activity that involve any damage, loss, or injury to me and or my child. I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification agreement, and promise not to sue shall apply to any and all claims of negligence, but does not apply to any claims of criminal conduct, gross negligence, or willful conduct.

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This document is revocable, prospectively only, by a writing signed by me that bears the date the revocation is delivered to the above-mentioned Council.

Adult's Name (Printed)

Date

Adult's Name (Signature)

Cell (Mobile) Phone Number