

THE BLACK WARRIOR COUNCIL PRESENTS: **CUB HAUNTED: CUB SCOUT MYSTERY**

DATES

SESSION 1-	OCTOBER 23-24	CAMP HORNE - COTTONDALE, ALABAMA
SESSION 2-	OCTOBER 24-25	CAMP HORNE - COTTONDALE, ALABAMA
SESSION 3-	OCTOBER 23-24	CAMP O'REAR - JASPER, ALABAMA

COST

\$20 PER PERSON. ONE ADULT NEEDS TO ATTEND WITH EACH CUB SCOUT, BUT THE WHOLE FAMILY IS WELCOME!

TIME

EACH SESSION LASTS FROM 5:00 P.M. DAY 1 THROUGH 11:00 A.M. ON DAY 2

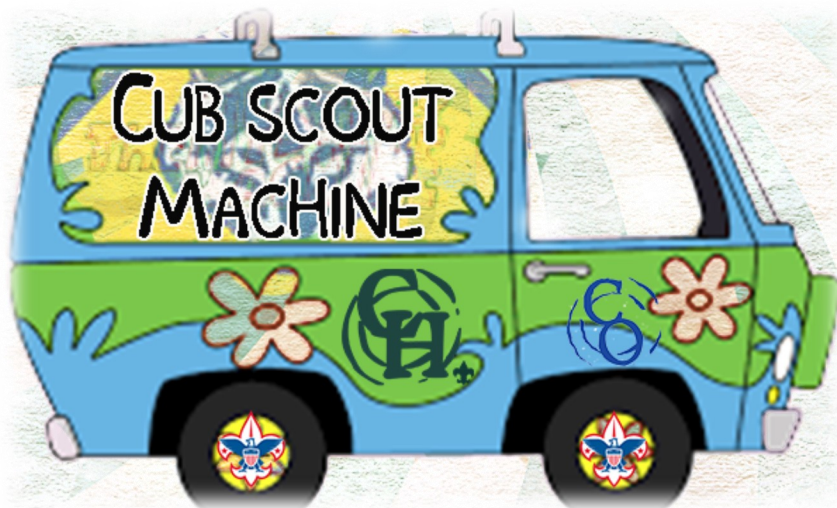
WHAT'S INCLUDED

- A NIGHT AND DAY OF FAMILY FUN WITH GAMES, HIKEs, SONGS, COSTUMES, AND MORE! PLUS THE ADDED BONUS OF SLEEPING UNDER THE STARS, LIKE SCOUTS, WITH YOUR WHOLE FAMILY!
- EVENING AND MORNING ACTIVITY PROGRAMS!
- PARTICIPANT PATCH!
- HOT DINNER AND BREAKFAST SERVED!
- ***TENTS ARE NOT PROVIDED AT CAMP O'REAR SESSION***

MORE INFORMATION TO COME LATER FROM YOUR CUBMASTER!

IF YOUR PACK IS NOT ATTENDING, YOU MAY ATTEND WITH YOUR

SCOUT!!!! CONTACT THE SCOUT OFFICE TO REGISTER! 205-554-1680





BOY SCOUTS OF AMERICA®

BLACK WARRIOR COUNCIL

September 17th, 2020

Dear Cubmasters and Unit leaders,

Cub Haunted is just around the corner and I hope you and your pack is ready to attend. For the new leaders, Cub Haunted is an overnight camp-out for Cub Scouts at Camp Horne (River and Prairie Districts) and Camp O'Rear (Mountain District). It is a weekend full of games, crafts, good food, hayrides, BB guns, archery, costume contests, and FUN for the whole family! The ENTIRE family is welcome to attend!

Instructions on How to Register your Pack:

1. Fill out a pack roster
2. Fill out Campsite requests
3. Have every Leader, Youth and Adult fill out the BWC Health Screener the morning before coming onto Camp Property.
4. Have every Leader, Youth and Adult sign the COVID-19 Waiver.

All paperwork is due back to the scout office by no later than **October 8th, 2020**.

Please let me know if you have any questions or concerns by email justin.hayes@scouting.org or by phone 205-554-1680.

Look forward to seeing everyone at Cub Haunted!

Yours in Scouting,

Justin Hayes | Council Program Director

BOY SCOUTS OF AMERICA
Black Warrior Council

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justin.hayes@scouting.org
www.bwc-bsa.org

SCOUTING»FORWARD

GROWING. MOMENTUM. TOGETHER.

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Tuscaloosa, AL 35404
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Prepared. For Life.™



CUB HAUNTED PRESENTS: CUB SCOUT MYSTERY

CIRCLE SESSION:

SESSION ONE: OCTOBER 23-24, 2020 (CAMP HORNE)

SESSION TWO: OCTOBER 24-25, 2020 (CAMP HORNE)

SESSION THREE: OCTOBER 23-24, 2020 (CAMP O'REAR)

PACK NUMBER: _____ CUBMASTER: _____ EMAIL ADDRESS: _____

COST PER PERSON: \$20.00

[illegible]

TOTAL:



2020 CUB HAUNTED WEEKEND CAMPSITE REQUEST FORM

PACK _____ DISTRICT _____ DATE SUBMITTED _____

CUB HAUNTED SESSION CHOICE:

SESSION 3: OCTOBER 23–OCTOBER 24
UP TO 205 PARTICIPANTS MAX PER SESSION.

CAMPSITE REQUEST:

_____ BLACK WATER (20 MAX)
_____ CREEK (20 MAX)
_____ CALUMET (20 MAX)
_____ BUTTAHATCHIE (20 MAX)
_____ SIPSEY (20 MAX)
_____ LUXPILIA (15 MAX)
_____ CHICKASAW (20 MAX)
_____ CHEROKEE (25 MAX)
_____ BLACK WARRIOR (20 MAX)
_____ SWINGING BRIDGE (25 MAX)

PARTICIPANTS EXPECTED

YOUTH ATTENDANCE EXPECTED: _____

ADULT ATTENDANCE EXPECTED: _____

(THIS NUMBER IS AN ESTIMATE,
A FULL ROSTER WILL BE REQUESTED.)

PRINT ALL OF THE FOLLOWING INFORMATION CLEARLY:

NAME OF CUBMASTER: _____ CELL PHONE: _____

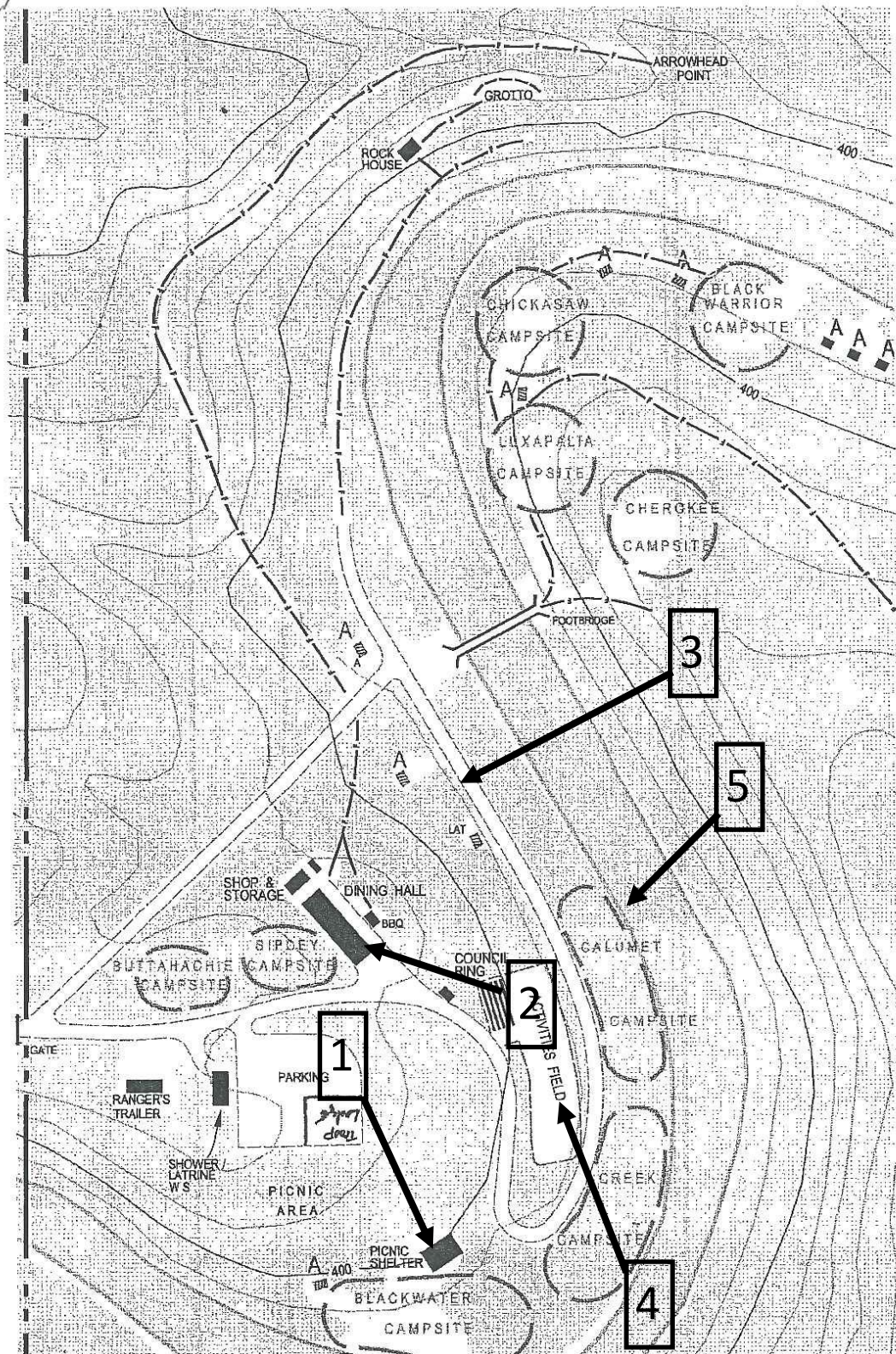
MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

EMAIL: _____

CUB SCOUT MYSTERY

BLACK WARRIOR COUNCIL CAMP O' REAR



- 1- Crafts
- 2- Dining Hall (Dinner and Breakfast)
- 3- Shooting Sports
- 4- Haunted Cinemas (Movie) and Campfire
- 5- Games

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

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

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

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Adult's Name (Printed)

Date

Adult's Name (Signature)

Cell (Mobile) Phone Number