

Day Hike – Mt Tamalpais

Saturday, September 11, 2010

**Come join us for a day
hike on Mount
Tamalpais.
Participation in this
event qualifies the hiker
for a Rim Rover patch!**



Who is invited on the Outing?

All Scouts and Registered Adults in Troop 73*

ASM/Leader: Mark Fogelman: cell: 328-0395; home: 898-5656; geojammers@yahoo.com
Committee Coordinator: Sue Hunt: cell: 328-4043; home: 898-5656; shunt@fbm.com

Where: Mt. Tamalpais ~ This hike qualifies for both the “Rim Rovers” and “Marin Council” hiking patches and segments.

What Kind of Event – Day Hike. A moderate 10 mile over good trails, but includes some strenuous parts with some rocky trails and a 1600 foot elevation gain to the peak. Hike ends at Stinson Beach, which will allow for some beach time.

For more information, see <http://www.parks.ca.gov/pages/471/files/MtTamalpaisBrochure.pdf> and http://www.parks.ca.gov/?page_id=471

When:

Departure:	Sat 9/11/10	Time: 7:00 AM	Good Shepherd Church
Return:	Sat 9/11/10	Time: 5:00 PM	Good Shepherd Church

What to bring:

Weather is unpredictable and could include storms, wind, and rain. Please dress in layers. **HIKING BOOTS ARE REQUIRED. IF YOU ARE NOT WEARING THE REQUIRED HIKING BOOTS, YOU WILL NOT BE PERMITTED TO GO ON THE HIKE.** Eat a good breakfast that morning. Bring a bag lunch, trail snacks, and at least two liters of water per hiker.

REGISTER BY MONDAY SEPTEMBER 6, 2010

There is no fee for this hike, but you must complete the attached permission slip and have a current medical form on file with the Troop.

*This trip is open to Boy Scouts in Troop 73 and Active Registered Adults only. Please check with ASM Mark Fogelman if you have questions about your ability to participate.

Permission Slip – Mount Tamalpais Hike – 9/11/10

As the parent or legal guardian of _____, I hereby give my permission for my child to participate in this outing with Troop 73.

I understand that he will need a current Medical form on file to attend trip. If my child requires Medication, I will complete a medication form prior to trip, and will provide the medication in the original prescription package with the original pharmacy label.

I further understand that I am responsible for picking my child up **on time** at the time and place designated below. If I am unable to so do, I will provide to the ASM in charge of the outing, in writing, prior to the start of the outing, the name(s) of the person(s) authorized to pick my child up after this outing.

Departure: Sat 9/11/10 **Time:** 7:00 AM Good Shepherd Church
Return: Sat 9/11/10 **Time:** 5:00 PM Good Shepherd Church

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

Signed: _____ **Date:** _____
(Parent or Guardian)

Registered Adult(s) Attending Event:

Driver Information:

Name of Driver _____

Driver's License Number _____ Expiration _____

Make, Model, Color and Year of Vehicle _____

Number of Seat Belts (including driver) _____ Cell Phone Number ____ - ____ - _____

Auto insurance in excess of CA State Requirements? ___Yes ___No (please list below)