Boy Scouts of America
Great Smoky Mountain Council
Tuckaleechee District
Troop 81

Outing Triplist

What: Ocoee Campout and Whitewater Rafting 2026

When: Friday September 11, through Sunday September 13

Where: Whitewater Express, 703 Golf Course Road
Copperhill, TN 37317

Time: Meet at FUMC Parking Lot at 5:30pm
Depart FUMC Parking Lot at 5:40pm
Arrive Whitewater Express at 7:45pm
Depart Whitewater Express Sun @ 09:00am
Arrive FUMC Parking Sun @ 11:00am

Cost: $75.00 to Camp and Raft
$25.00 to Camp only

Food: Patrol Cooking. $5 per meal (Breakfast / Lunch / Supper / Breakfast)
Payable to the Grubmaster or Patrol Leader

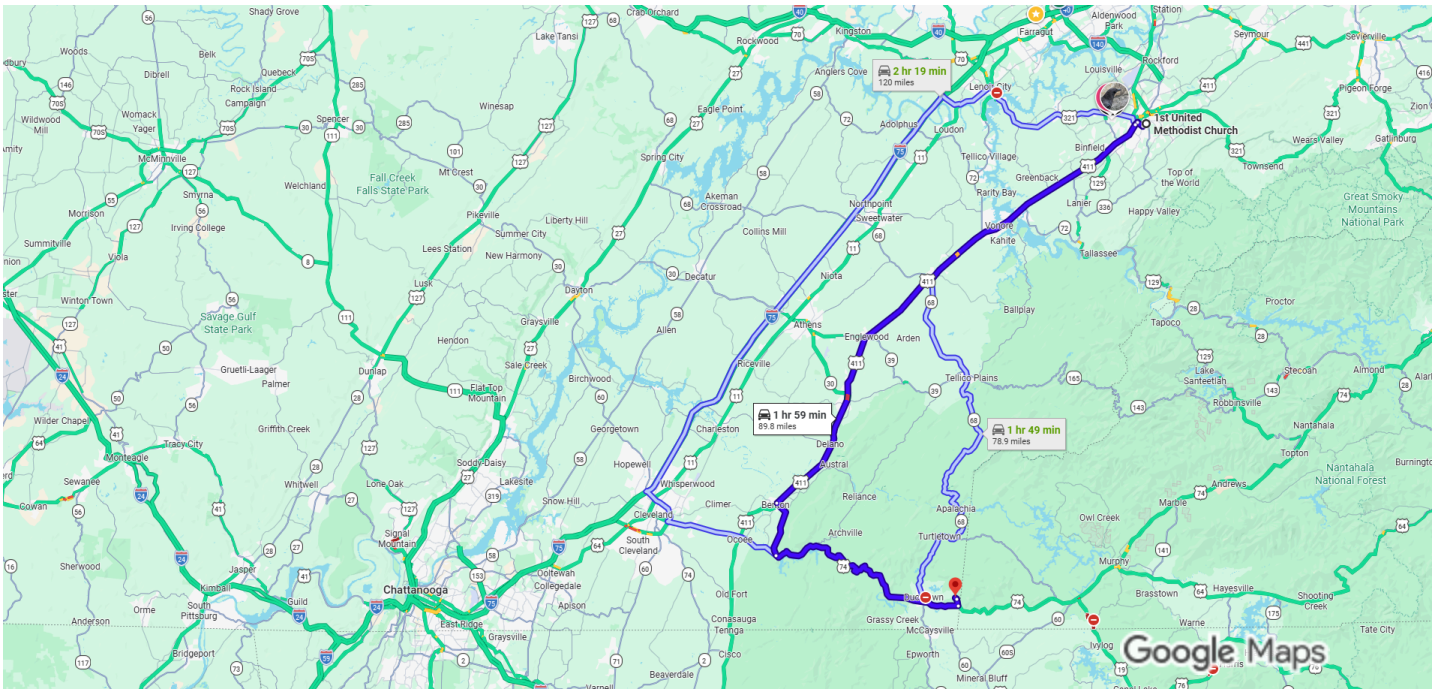
The Troop will be rafting the Middle Section of the Ocoee River in Northern GA, known as "The Rollercoaster of the South.". We will be hitting Class III and Class IV rapids on this adventure, so be prepared! All rafts will have an experienced guide on board, navigating the raft and reading the river. We will be camping on Whitewater Express property, with plenty of space for hammocks and tents.

There are LOTS of other activities at the campsite, if you would rather not go rafting. Paintball / COPE Climbing / Horseback Riding are available for an additional fee ($49.99) and can be scheduled once we arrive.

Google Maps

1st United Methodist Church, 804 Montvale Station Rd, Maryville, TN 37803 to Whitewater Express, 703 Golf Course Rd, Copperhill, TN 37317

Drive 89.8 miles, 1 hr 59 min



Map data ©2026 Google 5 mi

1st United Methodist Church
804 Montvale Station Rd, Maryville, TN 37803

Follow Montvale Station Rd and Best St to US-411 S/W Broadway Ave

4 min (1.3 mi)

1. Exit the parking lot toward Montvale Station Rd

200 ft

2. Turn right toward Montvale Station Rd

13 ft

3. Turn left toward Montvale Station Rd

85 ft

4. Turn left onto Montvale Station Rd

0.5 mi

5. Turn right onto Best St

0.7 mi

6. Turn right onto Old Niles Ferry Rd

210 ft

Follow US-411 S to TN-314 S/Parksville Rd in Benton

1 hr 12 min (56.5 mi)

7. Turn left onto US-411 S/W Broadway Ave

0.3 mi

8. Keep right to continue on US-411 S
Pass by First Horizon Bank - Maryville, TN - West Broadway (on the left in 0.8 mi)

56.2 mi

9. Turn left onto TN-314 S/Parksville Rd

8 min (6.1 mi)

10. Slight left onto US-64 E/US-74 E

32 min (25.0 mi)

Drive to Golf Course Rd

2 min (1.0 mi)

11. Turn left onto Golf Course Rd

0.8 mi

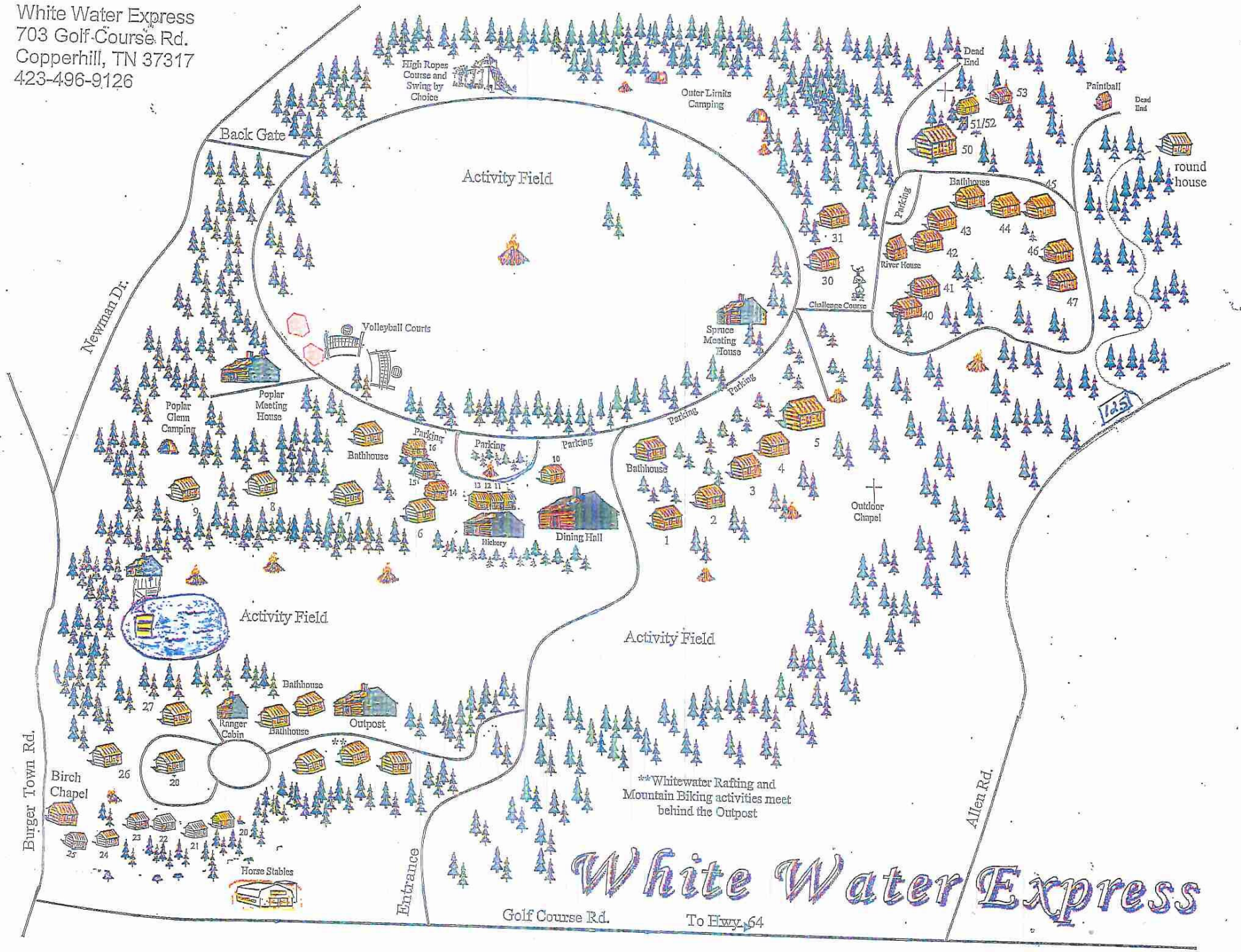
12. Turn left to stay on Golf Course Rd
Destination will be on the right

0.2 mi

Whitewater Express
703 Golf Course Rd, Copperhill, TN 37317

Live traffic | *Fast* *Slow*

White Water Express
703 Golf Course Rd.
Copperhill, TN 37317
423-496-9126



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SUMMER DUMP-CAMP CHECKLIST

OUTDOOR ESSENTIALS

[ ] First Aid Kit
[ ] Matches
[ ] Firestarter
[ ] Map (furnished)
[ ] Compass
[ ] Flashlight
[ ] Pocketknife
[ ] Whistle
[ ] Water Bottle
[ ] Lip Balm
[ ] Emergency Kit
[ ] Poncho

CLOTHES

[ ] One Complete Change
[ ] Extra Socks
[ ] Light Jacket
[ ] Scout Uniform
[ ] Neckerchief & slide

Wear your Phoenix shirt

EATING UTENSILS

[ ] Frisbee/paper plate
[ ] Hot Cup
[ ] Fork & Spoon
[ ] Soup bowl

TOILETRIES

[ ] Toothbrush & Paste
[ ] Soap & hand towel
[ ] Deoderant
[ ] Hair brush or comb

SLEEPING GEAR

[ ] Bag in W/P stuff sack
[ ] Foam Sleeping Pad
[ ] Pillow (optional)

TENTAGE

[ ] Tent (family or 2-man)
[ ] Ground Cloth
[ ] Fire bucket (milk jug)

MISCELLANEOUS ITEMS

[ ] Extra Batteries
[ ] Scout Handbook
[ ] Scout Notebook

OPTIONAL ITEMS

[ ] Bible
[ ] Wristwatch
[ ] Camera
[ ] Song book

IMPORTANT: Have your name or initials on ALL personal gear!

WHITEWATER EXPRESS

TN Whitewater, LLC • 703 Golf Course Rd, Copperhill, TN 373717
(423) 496-9126 • whitewaterexpress.com

For Office Use Only

Trip Date/Time | Trip Type | Order/Group

RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNIFICATION & BINDING ARBITRATION AGREEMENT

PLEASE READ CAREFULLY. This is a legal document. If you have questions, we encourage you to consult with an attorney before signing.

In consideration of being allowed to use the facilities and participate in white water rafting, horseback riding, mountain bike rides, high ropes challenge course, low ropes challenge course, outdoor skills instruction, camping, backpacking, and other activities (collectively the "Activities"), I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have (a) inherent risks, dangers, hazards, and such exist in my use of TN Whitewater, LLC dba Whitewater Express equipment and my participation in such activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily injury, disease, strains, fractures, exposure to MRSA, influenza, or COVID-19, partial and/or total paralysis, death or other ailments, that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of TN Whitewater, LLC, the Ocoee River Outfitters Association, the Tennessee Valley Authority, the State of Tennessee, and the United States (collectively "TNW"); the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, close proximity to others resulting in the transmission of pathogens, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe, or kayak and such other risks, hazards, and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of TNW, or by any other person. I realize there are other risks and/or dangers that may exist and I will avoid these also, and I will not participate in unsafe practices and I will inform the staff of any dangers known to me that may cause injury to me or others. I further understand that I may be dismissed from participation without refund for refusing to follow any of the policies of TNW. In addition, I hereby grant permission to TNW and by any nominee or designee of TNW (including any agency, client, or periodical or other publication) to make and use for promotion or other purposes, photographic or video records without recourse or compensation to me. I certify to TNW that the participant is, or will be, at least 12 years of on prior to scheduling white water rafting on the Ocoee River.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify TNW, and its owners, agents, officers, and employees from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services, or otherwise which may arise out of my use of TN Whitewater, LLC equipment or my participation in TN Whitewater, LLC. activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of TNW. However, nothing in this Agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct.

The Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, hereby agrees to submit any dispute, claim, or controversy, relating to and/or arising from (a) this Release of Liability, Assumption of Risk, Indemnification & Binding Arbitration Agreement, (b) Participant's participation in the Activities, and/or (3) any other interaction between the Participant and TNW, including the determination of the, scope or applicability of this agreement to arbitrate, to binding arbitration. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. If the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the district in which the Activities occurred. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in the State and County where the Activities occurred and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. As a threshold matter, the Panel shall confirm whether the Waiver and Release contained in this Agreement are enforceable under applicable law. Judgment on the Award may be entered in any court having jurisdiction over the parties and controversy. Participant and the Covered Parties specifically intend this Binding Arbitration provision to survive if any other portion of this Agreement is held invalid. NOTICE TO PARTICIPANT: By signing this Agreement, you are giving up your right to commence litigation against the Covered Parties in a court of law, and you are giving up your right to a trial by jury.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Covered Parties and their counsel in any proceeding.

I HAVE READ THE ABOVE WAIVER AND RELEASE. BY SIGNING IT, I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE TN WHITEWATER, LLC, THE OCOEE RIVER OUTFITTERS ASSOCIATION, THE TENNESSEE VALLEY AUTHORITY, THE STATE OF TENNESSEE, AND THE UNITED STATES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant's Name (Printed)	Age	Participant's Email Address	
Participant's Signature	Date Signed	Participant's Mailing Address	
Parent or Guardian's Signature *(if Participant is under 18)*	Date Signed	Emergency Contact Name / Phone Number	Relation to Participant

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant
Nombre del participante

Middle initial
Inicial del segundo nombre

Last name
Apellido

Birth date (month/day/year) ___ _____ / _____ /_____
Fecha de nacimiento (mes/día/año)

Age during activity _____
Edad al momento de realizar la actividad

Address
Domicilio

City
Ciudad

State
Estado

Zip
Código postal

Has approval to participate in (name of activity, orientation flight, outing trip, etc.)
Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.)

From _____ to _____
De (Date) (fecha) a (Date) (fecha)

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____
■ None

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

Restricciones del participante, si existen: _____
■ Ninguna

Participant's signature
Firma del participante

Date
Fecha

Parent/guardian printed name
Nombre con letra de molde del padre de familia/tutor

Parent/guardian signature
Firma del padre de familia/tutor

Date
Fecha

Area code and telephone number (best contact and emergency contact)
Código de área y número telefónico (primer contacto y contacto de emergencia)

Email (for use in sharing more details about the trip or activity)
Correo electrónico (para informar más detalles sobre el viaje o actividad)

Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name
Nombre

Phone
Teléfono

Email
Correo electrónico

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