Trip Description

Located on the Texas/Louisiana border, the Toledo Bend Reservoir is a premier location for canoeing, fishing and fun.

To the west, it is bordered by the Sabine National Forest where the spring season will likely be on full display.

And although fishing is not required on this trip, you’re encouraged to take advantage of such a great opportunity and give it a try. Predominant fish species include:
- Largemouth bass
- Crappie
- Catfish
- White and striped bass

(Fishing license NOT included)

The trip will finish with a thrilling 10 mile paddle down the beautiful Sabine River, including portions of class I-II whitewater rapids.

Don’t miss out on this great paddling adventure. Sign up today!
Unless otherwise stated, the listed price for the trip includes the following:

- Food (see further details below)
- Group Gear (see further information below)
- Transportation
- Camping/Activity Fees
- Trip Leader Pay
- Administrative Fee

Trip costs do NOT include a fishing licence. Participants who wish to fish should purchase a Texas freshwater fishing license at the following link: https://www.txfgsales.com/

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**Trip Costs**

- Day 1 - Meet at IUOA (7:00 AM); Drive to Ragtown Campground on Toledo Bend Reservoir (13 hrs. + stops)
- Day 2 - Explore the Ragtown area; canoe and camping instruction
- Day 3, 4, and 5 - Paddle south towards Indian Mounds (primitive camping and waste management)
- Day 6 - Paddle to South Toledo Bend State Park
- Day 7 - Paddle Section 1 of the Sabine River
- Day 8 - Drive back to IUOA (Bloomington); Estimated trip completion = 11:59pm

DISCLAIMER: The above itinerary is merely “Plan A”. However, due to the nature of our trips, Plan A is often times not the final result. Injuries, weather, traffic delays, and a change of expectations are a few examples of reasons that can, and frequently do, alter the original plan. Please be understanding and forgiving of these changes as our overall goal is to have a fun GROUP experience.

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**Weather**

- Expected Low Temp: 46 degrees
- Expected High Temp: 69 degrees
- Rain and colder weather is possible

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**Food**

- Unless otherwise stated, food is included in the cost of the trip. However, this is typically NOT the case during travel and participants are expected to bring money to purchase their own meals while driving. The total amount of meals during travel is typically 2-6 but will vary depending on the distance traveled.

- Food is planned and purchased by the trip leaders. Some of the menu will typically include dry foods from the Cache Lake Co. while other fresh goods and ingredients will be purchased from local grocery stores as the planned meals require.

- If you have any allergies or preferences, please let your leaders know ASAP so they can plan accordingly. IUOA includes vegetarian options in our menu budget and can accommodate some allergies and preferences more easily than others. However, some participants may be asked to supplement their dietary needs with some of their own additional funds.

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**Gear**

- IUOA provides you with much of the technical gear needed for your adventure but you will be expected to bring some smaller items as personal gear.

- Included Group Gear:
  - Technical Equipment (Canoe, PFD, Paddle, Wetsuit, Booties, Dry Bags, River Safety Equipment)
  - Shelter (Tents/Tarps)
  - Cookware (Pots, Pans, Stoves, Fuel, etc)
  - Safety Equipment (First Aid Kit, Compass, Whistle)
  - Health and Sanitation Supplies (Restop Bags, Trowel, Hand Sanitizer/Soap, Toilet Paper)
Transportation

• Transportation, unless otherwise stated, is provided through the rental of IU Motor Pool vehicles. Drivers of those vehicles are employees of IU Outdoor Adventures who are at least 20 years old and have cleared the driver approval process of Indiana University.

• Additionally, participants of the trip who are at least 21 years of age and are students/staff of Indiana University are invited to clear the same driver approval process in order to help our trip leaders transport the group to and from our adventure location(s).

• To become an approved driver, please fill out the “Authorization Form for Motor Vehicle Records Check” (attached) and send it to Heather Teague at hteague@indiana.edu. Please note that you must then call her directly at 812-855-9785 to provide her with additional information.

Risk Management

• At least one, if not all, of the IUOA Trip Leaders who will lead your trip are trained in wilderness first aid (SOLO WFR/WFA). If a medical emergency were to occur, they would serve as your first responders before the Emergency Medical System (EMS) is able to take over care.

• Trips that travel into backcountry settings are typically provided a SPOT Locator (GPS) or satellite phone in case of emergency (not always applicable).

• Anyone who would like to participate in an IU Outdoor Adventures program will be expected to fill out an Assumption of Risk Form (see attached). If you have any questions about the nature of your experience and the inherent risks involved, please ask your trip leader to clarify before signing the waiver.

• Anyone who would like to participate in an IU Outdoor Adventures program will also be expected to fill out a Health Form (see attached). This form will aid your leaders in responding to a medical emergency and, although this information is voluntary, we ask that you please be thorough and detailed so that your leaders can respond quickly and appropriately, should the need arise.

• As part of our trip preparations and risk management process, each leader team compiles a detailed Risk Management Plan (RMP) that outlines the trip details and itinerary, Emergency Action Plan (EAP), medical notes, and important contact information for land management agencies, campsites and outfitters (when applicable), and emergency personnel.

• Every IUOA program has an assigned full-time administrator that serves as "on-call" support should an emergency occur. If you would like the contact information for that administrator, please request it by contacting your trip leader.

Payment

• To reserve your place on the trip, please call or visit our shop during open hours.
  • Phone: 812-855-2231
  • Location: Eigenmann Hall 020

• A 20% non-refundable deposit is due at the time of your reservation. You are also welcome to make the full payment which then eliminates any risk of losing your place on the trip.

• If you choose to make a partial payment(s), the total amount due will be expected exactly 1 month prior to the trip departure date. Failure to make your full payment on time will potentially result in you losing your spot on the trip, along with your 20% deposit, to anyone ready and willing to pay in full.

• Trip registration will remain open after the 1 month deadline but only full payments will accepted.

• Failure to make your full payment 14 days prior to the trip departure date WILL result in you losing your spot and any current balance paid towards your trip.

Cancellation

• If you choose to cancel your reservation more than 14 days prior to the trip departure date, you will receive a refund of up to 80% of the total balance due, depending on the amount paid to date. IUOA will then keep the 20% non-refundable portion of your payment.

• If you choose to cancel your reservation within 14 days of your trip, you will NOT receive a refund of any kind. If you have not paid the total balance due, you will still be expected to complete that payment despite not attending the trip.
Authorization Form for Motor Vehicle Records Check

The purpose of this form is to obtain your authorization to conduct a Motor Vehicle Records (MVR) check for the university’s use in determining if you will receive or maintain authorization to drive on university business. Only information related to driver's license will be obtained for students, current employees and applicants offered employment.

As a condition for driving any vehicle on university business including your personal vehicle or a university vehicle, drivers must give Indiana University authorization to conduct a MVR check and provide all necessary information for the check. Driving on university business will be prohibited if authorization to conduct a MVR check is not given. An MVR check will be conducted annually unless the Office of Insurance, Loss Control & Claims (INLOCC) determines a more frequent check is necessary. You will be provided a copy of the MVR check if requested and will receive a copy if its contents will affect the authorization to drive on university business. Because a suspension of your authorization to drive may impact upon your employment, you and your department will be notified if your authorization to drive on university business is suspended or at risk of being suspended.

Any driver who continues to drive on university business after refusing to authorize a MVR check or after authorization to drive on university business has been suspended will subject to the corrective action procedures contained in the university’s staff, academic, or student policies, as applicable. Such drivers will be deemed to be acting outside the scope of their employment and will not be covered by The Trustees of Indiana University Defense and Indemnification Policies. In the event of a claim or suit arising while driving on university business under these circumstances, the driver will not be indemnified.

Drivers authorized to drive any vehicle on university business must report to INLOCC any accident occurring while driving a university vehicle, any license suspension, and any conviction for a moving violation whether the violation occurred on or off the job. Indiana University will conduct a Motor Vehicle Records (MVR) check if an individual meets any of the following situations:

1. Employees who drive or who are expected to drive on university business at any time whether using a university or a personal vehicle.
2. Individuals offered employment into a job for which authorization to drive on university business is a requirement of the job.
3. Any student who wishes to drive a university vehicle.
4. Anyone using a vehicle from the university Motor Pool or renting from an outside agency in the name of Indiana University.
5. Anyone who has had a vehicular accident while on university business or in a university vehicle.

If you are in one of these categories, complete and submit this form via fax (812-855-9320), Email, mail or walk-in to the Office of Insurance, Loss Control & Claims, Poplars 705, 400 E. 7th Street, Bloomington 47405. This form will need to be completed again only if the state issuing the driver’s license or your name changes.

(Please type or print as shown on your driver’s license. All fields are required unless otherwise indicated.)

Name: Last _____________________________ First ________________________ Middle ________________

(Date of Birth) ________________

Your Employee ID is at the top of your electronic pay voucher.

Email address or user ID _____________________________ (if you know it)

Address: Street _____________________________ City State __________ Zip ______

Department Code or Name _____________________________ (The code is like BL-APDC) For volunteers: department information of the unit controlling the volunteer.

Failure to provide all the information above may result in delays or prevent processing your authorization.

In addition to the information above, you must provide your driver's license number and the state of issuance.

If you do not have an Indiana driver’s license you must also provide your social security number. Licenses from other states must be checked through an approved provider and they (and many other states) require the SSN. If for any reason we are unable to locate your Indiana driver’s license through normal channels it may be necessary to obtain your SSN and this can result in delays in processing your authorization.

Do not email, fax or mail your driver’s license or social security number.

To provide this information the driver must either appear in person at the Office of Insurance, Loss Control & Claims, Poplars 705, 400 E. 7th Street, Bloomington 47405 or call 812-855-9758. Please state your name and that you are calling concerning MVR driver’s license submission. The hours for the INLOCC are 8:00 am – 12:00 pm and 1:00 pm – 5:00 pm, Monday – Friday. Do not call after hours and do not leave voice mail message.

When emailing or faxing the submittal form please allow 2 hours before calling. When mailing the submittal form, please allow 3 days before calling.

I authorize The Trustees of Indiana University to obtain driver’s license information from any state or jurisdiction that I have been licensed to drive motor vehicles and to share this information with the appropriate university officials.

Signature _____________________________ Date ________________

Check whether the driver is a: _______Employee______Student_____Applicant for employment______Volunteer
IU OUTDOOR ADVENTURES
Assumption of Risk Form

IU Outdoor Adventures Policies

1. No use of alcohol, illicit drugs, or other illegal substances will be permitted by any Coordinator/Instructor or participant at any time during any IU Outdoor Adventures function.

2. Drivers of vehicles must have in their possession a valid U.S. or Canadian driver’s license, and must adhere to rules and traffic regulations at all times, including lawful road and condition limitations.

3. Any individual who will not abide by the rules as set forth by Indiana University, IU Outdoor Adventures, and the Coordinator/Instructor will be asked to cease involvement in the trip or skill course with no compensation for fees. The participant’s name and infraction will be recorded and reported to the IU Outdoor Adventures administrators. A thorough review of the participant’s involvement in IU Outdoor Adventures events will be conducted to determine whether the individual is allowed to become involved in future IU Outdoor Adventures functions.

4. IU Outdoor Adventures is not responsible for any medical expenses and/or legal fees that may result from injury or illness sustained while participating in an IU Outdoor Adventures program.

Assumption of Risk

I, ______________________, intend to participate in the Canoeing program sponsored by IU Outdoor Adventures. The trip/course itinerary and various activities have been well explained to me. I understand that IU Outdoor Adventures will provide instruction and/or supervision during the skill based activity portion of the program. I understand that I am responsible for assuming the responsibility for the risks of this activity. Further, as a participant of said trip/course, I understand that I will be one of a group who may or may not have had previous related experience.

I understand that certain risks are inherent in such activities and I fully accept these risks. These risks may include but are not limited to such things as: incidents related to transportation, activity related incidents such as drowning, broken bones, sprained ankles, burns, hypothermia, or other physical, mental, or emotional injury, including death, catastrophic injury (including dismemberment), environmentally related factors such as cold, rain, snow, wind, heat, lightning, thunder, and indigenous plants and animals. I also understand that this activity is oriented toward novices and that participants’ backgrounds are varied and diverse.

Release

The participant of said activity exempts and releases IU Outdoor Adventures, Indiana Memorial Union, Indiana University Board of Trustees, Indiana University and its officers, agents, and employees from any and all liability claims, demands, or actions or causes of actions whatsoever arising out of any damages, loss or injury to the participant or the participant’s property while upon the premises or vehicles of Indiana University or while participating in any of the activities contemplated by this agreement, whether such loss, damage, or injury results from negligence of IU Outdoor Adventures, Indiana Memorial Union, Indiana University Board of Trustees, Indiana University and its officers, agents, and employees or from some other cause.

Agreement

Fully understanding the above rules, regulations, risks, and the scope of the activities involved in this trip, and in consideration of being allowed to participate, I hereby indemnify and release the IU Outdoor Adventures, Indiana Memorial Union, Indiana University Board of Trustees and the Indiana University harmless from and against any and all loss, liability or expense, including attorney’s fees, arising or resulting from the said activity. My signature below reflects my understanding of and agreement to all of the above.

Participant's signature ___________________________ Date ___________________________

I release the rights for use of my photograph and/or likeness for purposes of marketing and promotional materials to Indiana University Outdoor Adventures YES_________ NO_________
Please write “Y” (Yes) or “N” (No) to identify if you experienced any of the following condition(s) in the last five years.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
<th>Condition</th>
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<tbody>
<tr>
<td>High Blood Pressure</td>
<td>Irritable Bowel</td>
<td>Frostbite</td>
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<tr>
<td>Irregular heart beat</td>
<td>Intestinal Problems</td>
<td>Intolerance to cold</td>
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<tr>
<td>History of Hepatitis</td>
<td>Bladder infection</td>
<td>Sleep walking</td>
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<tr>
<td>Bleeding disorder</td>
<td>Kidney Problems</td>
<td>Pregnancy (current)</td>
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<tr>
<td>Seizure (within 1 year)</td>
<td>Neck or back problems</td>
<td>Depression</td>
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<tr>
<td>Chronic headaches</td>
<td>Shoulder problem</td>
<td>Anxiety</td>
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<td>Respiratory problems</td>
<td>Hip problem</td>
<td>Eating Disorder</td>
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<td>Asthma</td>
<td>Knee problem</td>
<td>Hearing impairment</td>
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<tr>
<td>Diabetes</td>
<td>Hand/Wrist problem</td>
<td>Vision Impairment</td>
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<tr>
<td>Hypoglycemia</td>
<td>Foot/Ankle problem</td>
<td>Other (unlisted)</td>
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If yes was answered for any of the above items, please explain in the space provided:

**Allergies?** (Including medicines, foods, bites/stings, etc.)

**Medications?** (List any and all medications you are using including over the counter products. Also identify name, purpose, dosage needed, and dosage frequency.)

**Hospitalizations?** (List all visits within the last two years, the date, and any treatment you received)

It is your responsibility if any information has been withheld from this form.

Participant's signature: ____________________________  Date: ________________

Guardian’s signature (if under 18): ____________________________  Date: ________________
Personal Equipment List

Sleeping
- Synthetic sleeping bag (rated to 30° F or lower)
- Sleeping pad (rated to 30° F or lower)

Miscellaneous
- Lip protection
- Sunscreen
- Sunglasses
- Personal hygiene items
- Bandana
- Personal medications
- Headlamp/flashlight
- Extra batteries
- Insect repellant
- Daypack
- Money for meals on the road
- Camera (waterproof recommended)

Eating
- Bowl w/ lid
- Travel mug
- Eating utensils (spoon and/or fork)
- 2 water bottles (32oz each, minimum)

Clothing
- Waterproof Rain Jacket
- Waterproof Rain Pants
- Long sleeve shirt (synthetic or wool)
- Short sleeve shirt (synthetic, wool)
- Insulating top (synthetic or wool)
- Long pants
- Swimsuit
- Shorts or running tights
- Long underwear (preferably synthetic; no cotton)
- Cap (for sun)
- Hat (for cold)
- Gloves/Mittens (for cold)
- Shoes that can get wet (old tennis shoes are great)
- Camp shoes/sandals (so your feet can dry if wet)
- Synthetic (not cotton) socks