

CEDAR CREEK RETREAT GROUP LEADER/ CHURCH LIABILITY RELEASE FORM

TO BE COMPLETED BY ALL GROUP LEADERS

Group Name or Church: _____ Date: _____

Group Leader/Director Responsible for Event _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Pastor's Name: _____

Additional Leaders : _____

Home Phone: _____ Cell Phone: _____

Email: _____

Event Date: _____ to _____

Est. arrival date/time: _____ Est. departure date/time: _____

Estimated Group Number: _____ # of Males _____ # of Females _____

Please send a completed copy of this form via email to cedarcreekbaptist@gmail.com

As Cedar Creek Retreat is of Christian faith and is committed to offer, facilities in a community in which everyone can worship, learn and work together in an atmosphere to build lives for eternity by sharing Jesus. You the Group Leaders/Directors (signature) _____ acknowledge they understand that they are responsible for all participants at CCR and will abide by policy and that all leaders and participants have never been convicted of any Crimes or Sexual Misconduct, Harassment, Abuse or been in jail. Any such behavior is prohibited by CCR policy, and violators will be asked to leave without repercussions to CCR. It is the intention, of the CCR to provide a Christian environment with Christian values.

RESERVATIONS REQUESTS _____ (Initials) Are sent via email to cedarcreekretreatbaptist@gmail.com for confirmation. Persons requesting reservations are responsible for authorizing all arrangements, planning, taking care of all participants and their needs during their stay and will not hold Cedar Creek Retreat responsible for any omissions of the reservation. And do hereby agree to release and hold harmless Cedar Creek Retreat its Advisory Board, George Greene Baptist Association, the Baptist Convention of Mississippi and all supporting ministries of any responsibility for accidental injuries, sicknesses or incidents sustained during our time at Cedar Creek Retreat. In signing this release the Group Leader understands the full appreciation of any risks, hazards or dangers inherent in the indoor/outdoor activities of choice, such as campfires & creek activities, which they may be exposed and do hereby agree to assume all the risks and responsibilities surrounding participation in indoor/outdoor activities. Cancellations should be given 10 days in advance of Event date.

FACILITY _____ (please initial) I understand that all Persons/Church or Organization reserving the facility are responsible for any damage to the facility/location incurred during their use of the CCR & buildings. All damage cost to repair and clean the affected facility/grounds will be paid by Persons/Church or Organization. Payment for repairs must be made within 30 business days following event to the George Greene Baptist Association.

Policies, Guidelines, and Agreements MINISTRY POLICY AND STATEMENT OF FAITH In accordance with the Association and is overseen by an appointed DOM & Advisory Board made up of representatives from George Greene Baptist churches. Our core beliefs hinge on two principles: 1) The Bible is the only inspired Word of God; 2) Jesus alone is both

Lord and Christ. He really lived, He died for our sins, He was raised from the dead, and He is one with God. It is our policy to make the camp and retreat center available to other Christian groups and nonprofit organizations so long as the group's purpose and objectives are not perceived to be contrary or contradictory to the teachings of Christ and the Scriptures. It is George Greene Baptist Association desire to be used of God to fulfill His purpose in the lives of men and women and especially children and youth. We welcome groups that we view as having similar purposes and reserve the right to exclude groups that teach doctrine that is contrary to our position and conscience.

POLICY AGREEMENT _____ (please initial) I understand that INSURANCE/LIABILITY CCR does not provide accident/medical insurance for guests. Groups using Cedar Creek Retreat are required to obtain camp or trip insurance for each participant, if the church insurance does not cover them. A copy of Insurance must be sent prior to your arrival at CCR . Please send to CCR at

cedarcreekretreatbaptist@gmail.com. All groups agree to release and hold harmless Cedar Creek Retreat its Advisory Board, George Greene Baptist Association, the Baptist Convention of Mississippi and all supporting ministries of any responsibility for accidental injuries, sicknesses or incidents sustained during our time at CCR. In signing, this release the Group Leader/Church/Organization understands the full appreciation of any risks, hazards or dangers inherent in the indoor/outdoor activities of choice which they may be exposed and do hereby agree to assume all of the risks and responsibilities surrounding participation in any activities at Cedar Creek Retreat facilities or grounds.

RULES AND REGULATIONS _____ (please initial) I acknowledge that I have read and understand the rules and policies of Cedar Creek Retreat and on behalf of my group, agree to abide by the guidelines described on each page of this contract and those posted on the grounds. Any damages incurred by our group or any participant, will be paid by the organization we represent. THE GROUP LEADER, ON BEHALF OF THE GROUP, INDIVIDUALLY ACCEPTS FULL RESPONSIBILITY OF COMMUNICATING THESE GUIDELINES TO THE PARTICIPANTS AND WILL FOLLOW THROUGH TO INSURE COMPLIANCE.

You agree to send to CCR at least 2 weeks before your event your Group Leader Forms, Individual Release Forms and a list of participants with names and phone numbers to cedarcreekretreatbaptist@gmail.com. - Final count to be given 10 business days before event. You will be responsible for _____ per person for ____ days, You are also responsible for all meals, paper products and toiletries while attending CCR. (initials) _____

Cleanliness is next to Godliness, so please help us keep this facility and grounds clean of all trash. Before leaving the Cedar Creek Retreat. I agree to be responsible for the following...All garbage will be picked up, bagged and taken off the property. I'm responsible for keeping Kitchen Area & Bathrooms clean. All tables and chairs will be cleaned and stacked upon leaving the facility. Turn off all lights, AC/Heating and lock doors when leaving. (initials) _____

I have read and agree to the policies and procedures of Cedar Creek Retreat, and that if I violate any rules of facility there or otherwise posted, that I can be asked to leave at my own expense without deposit refund or repercussions to Cedar Creek Retreat. This decision is to be determined by the Advisory Board Member, Director of Missions or the on-duty Group Leader/Director Sponsoring the Event. I hereby understand and consent to the use of any photographs/videos taken at Cedar Creek Retreat and can be used for promotional materials. (initials) _____

Please sign and send contract and participant forms to cedarcreekretreatbaptist@gmail.com at Center Cedar Creek Retreat.

Group Leader's Signature _____ Phone Number _____

Adult Chaperon's _____ Phone Number _____

Adult Chaperon's _____ Phone Number _____

Adult Chaperon's _____ Phone Number _____

Adult Chaperon's _____ Phone Number _____

Adult Chaperon's _____ Phone Number _____

Church Pastor's Signature _____ Date _____

CCR Representative _____ Date _____

