Group Reservation Agreement



200 Bailey Lane Greeneville, TN 37745

423-620-3622

locustspringscrc@gmail.com

| Arrival Date | _ Time | Departure Date | | |
|-------------------------------------|-----------------------|----------------------------|--|--|
| *check - in time is 4 pm (not ap | plicable to pavilion) | *check - out time is 12 pm | | |
| Name of Church/Organization _ | | | | |
| Team Leader Name | | | | |
| Home # | Cell # | Work # | | |
| Estimated # in Group | Email | | | |
| Facilities or package being rented: | | | | |
| Purpose of rental: | | | | |
| How can we best pray for your | group? | | | |
| | | | | |

1. Reservations/Cancellations:

- a. Refer to invoice (or price list on website) for required deposit amount to secure dates. Dates will only be held for 2 weeks without deposit. <u>Cancellation policy</u>: if you cancel within 60 days of your arrival and your dates are re-booked, you will be refunded (minus fees from online payments) *Checks payable to First Church of God*
- b. 50% of balance is due 60 days prior to arrival; full balance is due 2 weeks prior to arrival.
- c. Any reimbursements or refunds due to the group will be calculated and returned by mail within 30 days of groups departure.
- d. Be advised, if you don't choose the Ultimate Package (full camp) rental option, other renters may be utilizing facilities on the LSCRC property at the same time.
- e. Pay close attention to the <u>maximum capacity</u> allowed for each property. This must be strictly adhered to for fire safety requirements.
- 2. The Sponsor Church/Organization assumes sole and exclusive responsibility for:
 - a. Screening, selecting, and providing individuals to properly lead and supervise the group.
 - b. Ensuring, at all times, adequate ratios of team leaders to the number of members in the group for proper supervision. Minimum 1 leader per 7 students is advised.

- c. Securing a Release Waiver for each participant. All participants 17 and under must have the form signed by a parent or legal guardian.
- d. Reviewing the handbook guidelines with their entire group.
- 3. Insurance: LSCRC is not responsible for any accidents or medical needs. Individual personal insurance is required. The team leader is responsible for obtaining insurance information from each participant. Church groups are required to provide a copy of your church certificate of liability insurance. Proof of insurance is required for all vehicles used to transport people while on the property.
- 4. Please submit your rooming list at arrival. Include names and cabin or room.
- 5. Please submit a list of authorized vehicles belonging to your group prior to arrival.
- 6. No alcoholic beverages, tobacco use of any kind (including vapes), illegal drugs or firearms are permitted on LSCRC grounds. **No pets allowed inside any property**.
- 7. Additions, corrections, cancellations, or questions concerning this reservation agreement should be made by contacting us at 423-620-3622 or locustspringscrc@gmail.com

The Sponsor Church/Organization hereby indemnified and holds harmless Locust Springs Christian Retreat Center (LSCRC), their trustees, officers, directors, agents, employees, volunteers and representatives (the "Indemnified Parties") from and against all liability, damages, actions, causes of action, claims, losses and/or expenses, including but not limited to attorney fees, courts costs and expenses, arising in connection with or based on injury to or death of any person or property, including the loss or use thereof, caused in whole or in part by any member of the Group or Leadership Team, regardless of whether or not caused in whole or in part by the negligence of Indemnified Parties. I/We also authorize LSCRC agents to render or obtain such emergency care of treatment as may be necessary should any injury, harm, or accident occur while at LSCRC.

I have read the LSCRC Handbook and will communicate policies, procedures and pertinent information to my group and leadership team. I have read the terms of this agreement and agree to adhere to the information herein:

| Sponsor Church/Organization | | |
|-------------------------------|----------------|------|
| Address | | |
| Name of Team Organizer/Leader | | |
| | (please print) | |
| Signature of Team Leader | | Date |