

Reservation Agreement



Please return with deposit

Checks payable to First Church of God

Pay online using link on website locustspringscrc.com

Indicate LSCRC in special instructions

200 Bailey Lane

Greeneville, TN 37743

423-620-3622

locustspringscrc@gmail.com

Arrival Date _____ Time _____ Departure Date _____

*check - in time is 3 pm

*check - out time is 12 pm

Name of Church/Organization _____

Team Leader Name _____

Home # _____ Cell # _____

Work # _____ Fax # _____

Estimated # in Group _____ Email _____

Facilities or package being rented: _____

Purpose of rental: _____

How can we best pray for your group? _____

Please Note:

1. Reservations/Cancellations:

- a. Refer to the price list for required deposit amount, in order for your dates to be secured, and for cancellation policy. If additional properties are requested that are not part of a Camp Package chosen, an additional deposit is required for each property.
- b. 50% of balance is due 60 days prior to arrival; full balance is due upon 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 that if you don't choose the Ultimate Campers 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 maximum capacity allowed for each property. This must be strictly adhered to in order to meet 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 Medical Release Waiver and COVID-19 Disclaimer for each participant. All participants 17 and under must have the form signed by a parent or legal guardian.

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 1 week prior to 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, illegal drugs or firearms are permitted on LSCRC grounds. No tobacco use of any kind (including vapes) is allowed on property. No pets.

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 received a LSCRC Handbook and will read and 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 Organizer/Leader _____

Date _____