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 applicable to pavilion) *check - out time is 12 pm

Name _____ Email _____

Home # _____ Cell # _____ Work # _____

Estimated # in Group _____ Facility being rented: _____

Purpose of rental: _____

1. Reservations/Cancellations:
   a. Refer to invoice for required deposit amount to secure dates. Dates will only be held for 2 weeks without deposit. Cancellation policy: if you cancel within 60 days of your arrival and your dates are re-booked, you will be refunded (minus fees from online payments)
   b. 50% of balance is due 60 days prior to arrival; full balance is due 2 weeks prior to arrival.
   c. Pay close attention to the maximum capacity allowed for each property. This must be strictly adhered to for fire safety requirements.
2. LSCRC is not responsible for accidents or medical needs. Individual/personal insurance is required.
3. 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**.

I, _____, 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 rental party, regardless of whether or not caused in whole or in part by the negligence of Indemnified Parties. I 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. I have read the terms of this agreement and agree to adhere to the information herein:

Name _____ Signature _____

Date _____ Address _____