

RETREAT RENTAL AGREEMENT CAMP WILBUR HERRLICH 101 DEACON SMITH HILL ROAD PATTERSON, NY 12563

Phone: (845) 878-6662

Fax: (845) 878-2030

Web Page: www.campherrlich.org

Please fill this form out completely, read new regulations & recommended polices page, sign where indicated and return with deposit(s) to the camp address. Thank you!

NAME: <i>(Person, Family or Group) Please Print</i>	
CONTACT PERSON:	
ADDRESS: <div style="text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <i>Street</i> </div> <div style="text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <i>City</i> <i>State</i> <i>Zip</i> </div>	
DAY PHONE: ()	EVENING PHONE: ()

Please check desired facility option below & fill out all requested information.

Schweiger Hall []	Picnic Area []	Other (specify) []
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DESIRED DATE(S): <i>(Filled on first come/first served basis.)</i>	CAMP HERRLICH <i>personnel will provide a nutritious, excellent food service for your group.</i>
FROM: _____ <i>(date)</i>	Breakfast: \$7.00 Lunch: \$8.00 Dinner: \$10:00 <i>(Prices are per person per meal - Minimum food cost of \$500.00 applies.)</i> (Check desired meal & # of people at each meal)
TO: _____ <i>(date)</i>	
ARRIVAL: _____ <i>(time)</i>	Friday: (Dinner Only) D [] # []
DEPARTURE: _____ <i>(time)</i>	Saturday: B [] L [] D [] # [] # [] # []
Total # Persons in Group: []	Sunday: B [] L [] D [] # [] # [] # []
Total Males: [] Total Females: []	
Special Notes or Requests:	

For Camp Herrlich Use Only

Facilities Fee:	\$	The above person/group would like to make a reservation for the year, 20____ on [] Same Weekend [] Different Weekend Date Requested: _____ Deposit Received: \$ _____ Date: _____ Notes:
Food Service Fee:	\$	
Total Fees:	\$	
BALANCE DUE:	\$	
Less Deposit:	\$	
TOTAL DUE NOW:	\$	



The Acting Representative of attending group must sign the regulations and policies on the reverse page. Thank you.

REGULATIONS & POLICIES

In accordance with prevailing insurance regulations, our accreditation status through the American Camping Association and operating permit policies issued by the Putnam County Department of Health, the following regulations and recommended policies will apply to all groups and/or individuals renting/using the Camp Herrlich facility. Please indicate your acceptance of these by signing where indicated below.

As an acting representative / Group Leader in charge of the listed Organization or collection of individuals using Camp Herrlich facilities, I agree to the following:

1) Prior to use of the premises, the organization agrees to provide Camp Herrlich with the following evidence of insurance:

- a) **Certificate of Comprehensive General Liability insurance including contractual liability for bodily injury and property damage in an amount not less than \$1,000,000 combined single limit or \$1,000,000 bodily injury and \$100,000 property Damage with Mt. Tremper Outdoor Ministries AND Camp Herrlich named as added insured using the camp address. No exceptions, please.**
 - b) **Workers Compensation certificate. (If the organization employs staff on the above-described premises)**
- 2) No alcohol is permitted anywhere on camp premises.
 - 3) No smoking is allowed on camp property. This is a tobacco free facility.
 - 4) Youth under 16 must have adult supervision at all times.
 - 5) No swimming/boating without Certified Lifeguard and adult supervision.
Lifeguard must have ARC waterfront training and proper rating (training and experience) for canoe's and rowboats.
 - 6) All boaters must wear a life vest at all times.
 - 7) Absolutely no entry into locked camp buildings.
 - 8) Camp property must be left in the same condition as found.
 - 9) All Participants will be made aware of this agreement

RECOMMENDED HEALTH & SAFETY POLICIES FOR ATTENDING GROUPS:

For the health and safety of all, we strongly recommend that group leaders (if applicable):

- 1) Provide an adult among group participants who has an up to date CPR certification from a nationally recognized provider AND for youth groups provide an adult with First Aid certification from a nationally recognized provider.
- 2) Gather the names and addresses of all participants.
- 3) Gather the emergency contacts and phone numbers for all participants.
- 4) Possess a listing of any persons with known allergies or health conditions that may require treatment, restriction or other accommodation while on site.
- 5) Collect from minors without a parent on site, a signed permission to seek emergency treatment or a signed religious waiver.

Important Note: Mt. Tremper Outdoor Ministries at Camp Herrlich will NOT be responsible for the first aid and/or emergency care of attending groups, including any needed first aid supplies and equipment and/or emergency transportation for any group participant. WE STRONGLY RECOMMEND that each group assign an individual to be responsible for adequate, safe storage of First Aid supplies, as well as any training and/or information to be provided to group participants concerning emergency procedures.

FOR SIGNATURE OF ACTING REPRESENTATIVE OF ATTENDING GROUP:

HOLD HARMLESS AGREEMENT

I, _____, acting as representative for [applicant], while utilizing portions of the premises known as Camp Herrlich located at 101 Deacon Smith Hill Road, Patterson, County of Putnam and State of New York, understand and hereby irrevocably covenant, promise and agree to indemnify the said Camp Herrlich and Mt. Tremper Outdoor Ministries and to hold Camp Herrlich and Mt. Tremper Outdoor Ministries harmless from and against any and all losses, claims, expenses, suits, damages, costs, demands or liabilities, joint or several, of whatever kind or nature which Camp Herrlich and Mt. Tremper Outdoor Ministries may sustain or to which Camp Herrlich and Mt. Tremper Outdoor Ministries may become subject arising out of or relating in any way to our use of Camp Herrlich facilities and premises and camp regulations and policies by our employees, members, guests, and invitees between the dates of [start date] and [end date], and including, without limitation, in each case attorneys' fees, costs and expenses actually incurred in defending against or enforcing any such losses, claims, expenses, suits, damages or liabilities.

NAME OF ORGANIZATION/CHURCH _____

Signature _____ Printed Name _____ Date _____

