

**Bennett Spring Christian Church Camp
Rental Agreement
Website: www.bsccc.org
Email: Bennettspringccc@gmail.com
Phone or Text: 417-532-6011**

Name of Organization, Church or Group Renting Camp:

Name: _____

Address:

Phone #

Authorized Representative of Renter:

Name:

Address:

Phone #

Arrival Time: _____ **Month:** _____ **Day:** _____ **Time:** a.m. / p.m.

Departure Time: _____ **Month:** _____ **Day:** _____ **Time:** a.m. / p.m.

Confirmation Fee: \$ _____ (Total days in camp @ \$40.00. Figure any part of 24 hours a day in camp.) Remember Check in/out time is 1:00 p.m. Please note: The Confirmation Fee is to be sent with this completed form. Also, the cost per person (campers and staff) is \$5.00 per day and this is due when your group arrives at the Camp.

Insurance: Renter shall obtain and maintain general liability insurance in the minimum aggregate amount of \$1,000,000 per occurrence and shall name Bennett Spring Christian Church Camp as an additional insured on the policy or policies and shall provide Bennett Spring Christian Church Camp with a certificate of insurance evidencing the same.

Indemnification: Renter shall indemnify, defend and hold harmless Bennett Spring Christian Church Camp from and against any and all claims, suits, damages, costs and expenses

(including reasonable attorneys' fees and expenses) arising from or related to the rental of the Camp buildings, ground and equipment. Bennett Spring Christian Church Camp, as a prevailing indemnified party, shall also be entitled to recover reasonable attorneys' fees and expenses incurred in the successful pursuit of an indemnification claim.

Agreement for rental of Bennett Spring Christian Church Camp shall be for the time specified and subject to change only with the express approval of the Camp Treasurer. Renter shall also agree to leave the Camp buildings, grounds, and equipment in like condition as found, normal wear and tear expected, and shall anticipate repair or replacement costs of any undue damage being added to their camp rental fee.

Signature of Authorized Representative: _____

Please complete form, enclose with Confirmation Fee and return to:

BSCCC Inc: % Kelly Mccoy 223 Candlewood Rd Buffalo Mo 65622

Office Use Only:

Reservation Form and Fee received: Date: _____ Amount \$ _____ Initials: _____