

CAMP CLARK WILLIAMSON
390 MASON ROAD, HUMBOLDT, TN 38343

Rental Contract. Please print & mail with your deposit.

Name of Renting Agency _____

Address _____

Rental Period from date _____ Hour _____ to date _____ Hour _____.

Rental Rate _____ per person. Other charges? _____.

I agree to represent the Renting Agency of this Resident Camp (), Retreat (), Conference (), Day Camp () in assuming liability for the following:

- 1) The cost of replacing any damaged property of the camp during or following your groups stay with the exception of those items which are found at the time of check-in. (These items shall be given in writing to the Administrator the day of arrival.)
- 2) The cost of replacing any item(s) of recreation or other equipment found to be missing from the premises or broken following your groups stay.
- 3) The cost of restoring the building(s) and grounds to proper cleanliness and order.
- 4) The payment of rental charges before departing camp.
- 5) Provide the Camp Administrator a list of all persons attending their resident camp or their applications. This must include name, address, and phone number of all persons.

I further agree to cooperate with the Camp Administrator in maintaining good health and safety standards, and executing the necessary measures to comply with camping regulations required by the State of Tennessee Department of Public Health.

I understand that an inspection of the camp and facilities will be made after each camping session to determine the general condition of the premises. I agree to remain at the camp until final inspection can be made or other arrangements made.

I further understand that camp facilities are to be used at the discretion of the individual Group Leader, after coordination with the Camp Administrator of CCW.

Lastly, I have read, agree and will adhere to and follow Camp Clark Williamson's **Guidelines and Policies** which includes the refund policy stating no refund of deposits unless the vacated time can be re-rented.

Agency Representative _____

Date _____ Agency _____

CCW Office Use Only: __ Contract __ Proof of Insurance __ Deposit __ Meals/Cabins