

South Side Mission of Peoria
Camp Kearney Overnight Rental Agreement
30,000 Mission Camp Road, Canton Illinois, 61520 (309) 389-5375

This agreement is between the South Side Mission and (Group Name) _____

Group Contact Person: _____

E mail: _____ Day Time Phone: _____

Arrival Date & Time: _____ Departure Date & Time: _____

Approximate Size of your group _____

The following are the agreed upon terms for the lease of the South Side Mission's Camp Kearney. ✓ Denotes applicable terms.

✓ 1. Lodging Options:

- Family Retreat Center - \$250 per night (Houses 20-26 with 6 double beds - 14 single beds) Building also contains small kitchen/dining area, family room, 2 separate bathroom facilities with 2 showers & 2 toilets each.

The following lodging facilities do not contain restrooms. Bathrooms and showers are available in our main shower house.

- Cabins 1, 2, 3, 4, 5, 6, 7, 8 - \$45.00 per night per cabin (Each cabin contains 4 sets of bunk beds & 1 single bed)
Please indicate the # of cabins needed _____. Specific cabins requested _____
- Caboose - \$30.00 per night per group (Contains 5 bunk beds)
- Cabin 9 - \$50.00 per night per cabin (Contains 6 bunk beds and 2 single beds)
- Tent Camping - \$4.00 per night per person. (at designated areas)

Total Due for Lodging: \$ _____

✓ 2. Use of other facilities:

- Berry Chapel - \$25.00 per day X ____ days with a total being \$ _____
- Main Kitchen/Dish Room - \$25.00 per day X ____ days with a total being \$ _____
- Main Dining Hall/Game Room - \$25.00 per day X ____ days with a total being \$ _____

Total Due for use of other facilities: \$ _____ (multiply the cost of each facility used by the # of days used)

✓ 3. Other Activities: These activities may not be available at all times. Please call for availability.

- High Ropes Course & Zip-line - \$15.00 per person (10 person minimum required)
- Zip Line Only - \$10.00 per person (10 person minimum required)
- Rock Climbing Wall - \$5.00 per person (10 person minimum required)
- Runaway Mountain Slide - \$5.00 per person per hour (10 person minimum required)
- Swimming Pool - \$3.00 per person (50 person maximum - no minimum required)
- Hay Rack Rides - \$35.00 per group (No maximum or minimum required)

For additional information on Other Activities see enclosed attachment.

Total for Other Activities: \$ _____ (multiply the cost of each activity by the # of people participating in each activity.)

✓ 4. Day use fees: Any members of your group visiting for the day but not staying overnight.

- Day visitors - \$3.00 per person X ____ days with a total being \$ _____

Add all totals from above sections to determine the total amount due: \$ _____

✓ 5. These facilities may be used by overnight groups at no additional fee. Please check those your group would like to use.

- Nature Chapel Picnic Shelter/playground Canoes/Kayaks Athletic fields Sports/games

✓ 6. A 50% deposit of \$ _____ (based on totals from sections 1, 2, & 3) is required with your reservation. This amount is refundable only up to sixty days prior to the event. The balance of the fee is due two weeks before your group's arrival. An **exact** count of the number in your group is needed as well (Date _____). Cancellation after this date does not nullify your responsibility of payment for the minimum rental charge. Please note that your group is obligated to cover the full cost of minimum rental charges, even if your group fails to meet the required minimum number of participants.

Please see reverse side of this document

- ✓ 7. **Insurance.** Your group agrees to procure and maintain insurance coverage for the group with liability limits of \$500,000.00 or more. Please enclose a copy of your Certificate of Insurance listing the South Side Mission as additionally insured for the dates your group will be using Camp Kearney. Your group also specifically agrees to indemnify, defend, and hold harmless Camp Kearney, the South Side Mission, and their respective agents, employees, and representatives from any and all loss sustained, or claims made, by your group or by members of your group. This agreement applies even if the Camp, Mission or their representatives are alleged to have caused the injury, harm or loss.
- ✓ 8. **Conduct.** Your group agrees that it will abide by all regulations of the South Side Mission's Camp Kearney. It will provide adult supervision of minors (at least 1 adult per 8 campers, and one adult per housing group). It will show courtesy to other rental groups that may be present. It will keep members of the group from harming themselves, other persons, or the camp. It will restrict activity to the areas marked above. It will keep grounds clean or pay a cleaning charge assessed by Camp Kearney. It will pay for repair or replacement costs for lost or damaged property. It will enforce the ban on profanity, alcohol, tobacco, guns, pets, and fireworks. It will only engage in activities that honor God.
- ✓ 9. Your group is responsible for emergency and first aid medical treatment. As well, your group is responsible for safe supervision of any activity **not** facilitated by Camp Kearney staff such as swimming at the pool, boating & fishing at the lake, athletic events, hiking, playground activities, sports, campfires, & other camp related activities.
- ✓ 10. All members of your group **MUST** sign the waiver of liability (You may make as many copies as needed.). Youth **MUST** have their parent's or guardian's signature. The contact person is responsible for turning over all signed waivers to the camp representative upon arriving at camp. Camp Kearney makes no exceptions in the case of unsigned waivers.
- ✓ 11. Reservations will be confirmed when this form and deposit are received. (Make checks payable to the South Side Mission.) By signing this contract, the contact person agrees to enforce and abide by the guidelines in this contract and to take responsibility for communicating them to the group.

Paul Mulholland, Camp Director

Date

Official Group Representative

Date

Camp Kearney Use Only

Mailed Rental Agreement on: _____

Received Signed Copy on: _____

Received Deposit on: _____ Form of Payment: _____ Amount: _____

Received Certificate of Insurance on: _____

Received Full Payment on: _____ Form of Payment: _____ Amount: _____

Other Notes: