

CAMP QUARRYLEDGE

BUSINESS OFFICE
139 S Roselle Rd
Roselle, Illinois 60172
(630) 539-2935
E-mail: admin@chicagomissioncenter.org

Community
of Christ

CAMP QUARRYLEDGE
1626 Rt. 31
Oswego, Illinois 60543
(630) 554-8324

CONTRACT FOR USAGE OF CAMP QUARRYLEDGE

This contract is to be completed, signed and returned to the Business Office within 14 days of receipt.

The Board of Directors of Camp Quarryledge enters into the following contract with:

Organization:

Applicant/Title:

Name

Name

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Type of Activity _____

To use the following facilities at Camp Quarryledge: Yes ___ No ___ ALL ___

Yes ___ No ___ Kitchen

Yes ___ No ___ Dining Hall

Yes ___ No ___ Dorm

Yes ___ No ___ Picnic Area

Yes ___ No ___ Trailer Park

Yes ___ No ___ Tent areas

Yes ___ No ___ Volleyball Court

Yes ___ No ___ Classrooms

Yes ___ No ___ Other _____

From: _____ To: _____
Date Arriving Time Date Leaving Time

Approximate number of people in your group: _____ Ranging in age from _____ to _____

GROUPS ARE REQUIRED TO CONFORM TO THE RULES AND REGULATIONS ESTABLISHED FOR THE CAMPGROUNDS. A COPY OF THESE HAS BEEN ENCLOSED.

FEES, DEPOSIT, DAMAGE AND CANCELLATION

The user agrees to pay the Quarryledge Board the fees which apply to the size of the group and for the facilities being used.

- A copy of the current fee schedule is included with this contract.
- Rental fee does not include use of sports equipment.

A Security Deposit of \$250.00 is required upon receipt of this contract.

- Make checks payable to: Chicago Mission Center-Community of Christ.
 - This deposit is 90% refundable if canceled more than 30 days before scheduled activity.
 - The User agrees to pay any repair or replacement charge necessitated by the malicious act of any participant, normal wear and tear excepted.
 - The cost of any damage will be deducted from the Security Deposit with the balance being applied toward the User Fees. If damage costs exceed the deposit amount, the user will be charged the additional amount.
- Cancellation may be made by phone to the Business Office but must be confirmed in writing before the Security Deposit will be returned.

INSURANCE

Health and accident insurance for all participants in this activity while at Camp Quarryledge must be provided by the user. **Proof of insurance must be provided to the Business Office at least one week prior to activity date.** CAMP QUARRYLEDGE, ITS BOARD OR SPONSORS WILL NOT BE HELD RESPONSIBLE FOR ANY ACCIDENTS OCCURRING ON THE CAMPGROUNDS.

- INSURANCE COMPANY _____
- ADDRESS _____
- POLICY HOLDER _____
- ADDRESS _____
- GROUP NUMBER _____
- POLICY NUMBER _____

The user, does by this contract covenant with the Community of Christ church to forever refrain from instituting, pressing, or in any way aiding any claim, demand, action or causes of action, for damages, cost, loss of service, expenses or compensation for, on account of, or in any way growing out of, or hereafter to grow out of any accident or accidents which may happen while participating in or preparing for the above activity on the premises belonging to the said Community of Christ church, and User hereby agrees to hold the said Community of Christ church, the campgrounds, their agents, affiliates and employees, harmless from any damages to User or its guests, invitees or anyone attending or participating in this activity as a result of any such accident.

Parties agree that Owner shall not be liable for injury to User or damage to User's property resulting from any cause other than negligence of Owner.

USER ALSO AGREES

- User shall furnish its own cooks (Note. Cook must hold a current Food Handler's license from the State of Illinois), first aid supplies, bedding and clean-up crews. User shall also furnish its own health officer and (if pool is to be used)water safety instructor.
- User shall not remove furnishings, including beds or mattresses, from the facilities except under the direction of the caretaker.
- In order to avoid the assessment of extra maintenance fees, User agrees to complete the following clean-up procedures pertaining to the areas used during the activity prior to vacating the premises:

- Clean kitchen and mop kitchen floor
- Sweep and mop dining hall
- Sweep and vacuum upstairs lodge rooms and downstairs multi-purpose area
- Clean all bathrooms
- Sweep out all cabins
- Empty all trash into outside dumpster
- Sweep grounds for all trash

USER SIGNATURE

DATE

AUTHORIZED REPRESENTATIVE OF

ADDRESS

CITY STATE ZIP

TELEPHONE (include area code)