



Smokey Timbers Camp

15567 Smokey Timbers Rd. N.W.

Miltona, MN 56354

(320) 766-5290

www.smokeytimbers.org

smokeytimbers@gmail.com

Rental Agreement and Waiver of Liability Form

Name of Group: _____

Estimated Number in Group: Youth _____ Adults _____

Briefly Describe Intended Use: _____

Contact Person/Camp User: _____

Address: _____
(street/P.O.)

_____ (city)

_____ (state)

_____ (zip)

Phone: Primary _____ Alternate: _____

E-mail: _____

Requested Arrival: _____
(date) (day) (time)

Anticipated Departure: _____
(date) (day) (time)

Camp Fees

Rental rates shown are for the 2020 Season. Complete the appropriate line items to calculate your fee. Separate checks for the rental and the deposit are encouraged. The deposit check will not be cashed unless cancellation or damage payment is due.

Youth Groups:	\$15 per campsite x # of sites _____ x _____ days	=	_____
	\$20 per ½ day or \$40 full day for shelter/deck/patio/kitch.	=	_____
	\$75 per day for bunkhouse x _____ days	=	_____
	\$150 per day for whole camp x _____ days	=	_____
Family/Organization Groups:	\$50 per ½ day or \$100 full day for shelter/deck/patio/kitch.	=	_____
	\$300 per day for whole camp x _____ days	=	_____
	\$5 per electrical x # of hookups _____ x _____ days	=	_____
	+ Deposit of \$50 (required of Youth and Family/Organization Groups)	=	_____
	+ Additional Contribution to help assure Smokey Timbers' future	=	_____

Submit payment to:

Smokey Timbers Camp
15567 Smokey Timbers Rd. NW
Miltona, MN 56354

TOTAL PAYMENT

= _____

Reservation Confirmation

I understand that our Group's reservation is confirmed only when the Camp accepts our Deposit along with this signed Agreement/Acknowledgment of Waiver of Liability.

Deposit

When making your reservation in advance, a refundable cancellation/damage deposit of \$50 is required. A cancellation within 30 days of a reserved date will result in a \$25 fee, while a cancellation two weeks or less before a reserved date will result in a \$50 fee. Good camper etiquette assumes that responsible visitors will leave the environment and facilities in as good or better condition than when they arrived. Your cancellation/damage deposit check will not be cashed unless damage has occurred or there are additional items chargeable to your camp stay. Please check in and out with the Camp Host when arriving and prior to leaving, unless other arrangements have been agreed upon. Smokey Timbers will return your deposit check, upon clearance by the Camp Host, immediately following your stay. There will be a service fee of \$30 for dishonored checks.

Waiver of Liability

As the Authorized Group Representative, I understand that outdoor camping and recreational activities are not without some risks of illness, injury, or accidents. In consideration of my Group's right to participate in activities at Smokey Timbers Camp, I agree to release, waive, discharge, not to sue and to indemnify and hold harmless for any and all purposes Smokey Timbers Foundation; their Council and Board, employees, agents, and volunteers, from any and all liabilities, claims, or injuries, including death, that may be sustained while our Group is camping, recreating or participating in any activities on Smokey Timbers Camp premises. This includes injuries and liability for negligence and any other claim judgment, loss, liability, cost and expenses (including attorney's fees and costs), arising out of or in connection with the use of Smokey Timbers Camp.

I hereby warrant that I have read this Waiver of Liability statement, fully understand its entire content, and acknowledge my group's voluntary and knowing assumption of the risk of injury, accidents, or illness.

I also agree that I have read and that we will follow the **Camp Requirements** and understand that failure to follow these requirements will mean loss of deposit and/or being asked to leave the premises. I have signed this document voluntarily and of my own free will.

Signature of Authorized Group Representative Making Reservation

Date

Organizations must provide Group Liability coverage information or attach a copy of their Coverage Certificate:

Insurance Co. Name (not Agent): _____

Policy No. _____ Policy Holder _____

For Other Groups, a Waiver of Liability acknowledgement is required from a Representative of each camper unit in the group (e.g. family, etc.). May be handled upon arrival.

