

Camp Wasewagan Retreat Agreement Form

42121 Seven Oaks Rd, Angelus Oaks, CA 92305 - 805-498-5572

Wasewagan.com ~ Adventures@wasewagan.com

Organization/Group Name _____
Contact Name _____ Phone # _____
Address _____
Age of Guests _____ Email _____
Arrival Date _____ Time _____ (fees based on 24-hour period)
Departure Date _____ Time _____
Number of Girls _____ Boys _____ Women _____ Men _____

\$28/\$38 per person/night & \$11 per person/meal (Call for Meal Upgrades!)

Optional Activities _____

Person responsible for age appropriate CPR/AED, and first aid _____

Person responsible for financial obligations _____

The user group is responsible for the group and its behavior and must have their own rental, medical, and liability insurance.

How Did You Hear of Camp Wasewagan? _____

Have you attended Wasewagan? Yes / No - If yes, when _____

The Deposit is Due 2 Weeks After Your Reservation is Made.

Deposits are non-refundable and are \$25 per person. It can be paid using either *credit card or check*. If using a check, please make it payable to Camp Wasewagan. Return this form filled out along with the deposit to the address above in order to reserve your weekend.

If we don't receive your deposit, the reservation spot will open up for other groups.

After receiving your deposit, you may cancel 3-5 people depending on size of your group. You will be financially responsible for full payment on the remaining reservations.

Balance Due Must Be Paid Upon Arrival or Before Camp Date.

For all Retreat Groups: We require the credit card information to be filled out and will be held for 6 days after your retreat. You will be not be charged as long as the camp is in the same condition, and nothing has been damaged, lost, broken, misplaced, extra services rendered, or camp not cleaned.

VISA/MC/AMX/DISC # _____ Amount to Chg. _____

Name on Card _____ Exp. Date _____ Zip Code _____

Signature for Credit Card _____ Date _____

Deposit Options: Checks and Credit Cards Excepted.

Check Enclosed CK# _____ Amount _____

Charge Credit Card for Deposit (3% Fee Applied) Chg. Amount _____

I authorize Camp Wasewagan to Charge my Credit Card. **(Additional 3% fee applied)**

VISA/MC/AMX/DISC # _____ Amount to Chg. _____

Name on Card _____ Exp. Date _____ Zip Code _____

Signature for Credit Card _____ Date _____

Crazy Craig's After Hours/Weekend # 310-702-5572

For Office Use Only

Date _____ Check/CCA# _____ Amount _____

Crazy's Wasewagan Camp & Retreat

42121 Seven Oaks Rd, Angelus Oaks CA 92305

805-498-5572 - Wasewagan.com

Adventures@wasewagan.com

Health Care Policies and Procedures for Retreat Groups

Please read the enclosed policies regarding emergency procedures, activities, animals, firearms, drugs and alcohol, and health information.

Policy

Camp Wasewagan is not responsible for providing personnel, supplies, transportation, or health-care services for retreat programs, family-camp programs, and all troops and groups using camp facilities and limited services (food service, program specialists, etc.),

Wasewagan advises user groups to background check their participants before allowing them to work with children and have their own rental, medical, and liability insurance.

Procedures

1. Groups must provide their own adults currently certified, age appropriate in first aid and CPR/AED, who are responsible for health needs of the group.
2. Groups are responsible for gathering and maintaining information on all members of the group that includes name, address, emergency contact names and numbers, and any allergies/health conditions/restrictions. For minors without a parent on-site, group leaders should also have signed permission to seek emergency treatment or a signed religious waiver. Group leaders are responsible to inform camp of any allergies or restrictions of their group that may affect camp services provided (e.g., food service, program activities).
3. Groups are responsible for their own emergency transportation, phone numbers and locations of local EMS providers, clinics, and hospitals.
4. Groups are responsible for providing their own first-aid supplies and equipment.
5. Orientation for groups will include updated emergency procedures for the camp including information on how to contact camp personnel in an emergency.
6. There will be no use of camp activities unless arranged or supervised by a Wasewagan staff member. Wasewagan will provide lifeguards when arranged. No Exceptions.
7. Wasewagan does not allow dogs or pets on the premises. The exception to this rule is a working guide dog and camp dogs.
8. No firearms, drugs and alcohol may be brought onto Wasewagan property.
9. Rental Party is responsible for guest consuming drugs, and alcohol at the site or upon departure of the site.
10. I agree to release Camp Wasewagan and its people from any and all medical and financial responsibility.

I have read and understand the Retreat Agreement Form and Health Care Policies/ Procedures

Signature _____ **Date** _____

Print Name _____