

# Camp Wasewagan Retreat Agreement Form

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

Wasewagan.com ~ Adventures@wasewagan.com

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|--|
| Organization/Group Name _____                                |
| Contact Name _____ Phone # _____                             |
| Address _____ City/State/Zip _____                           |
| 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 all members in the group and their behavior. Groups must provide their own rental, medical, and liability insurance. Children under the age of 18 must always be supervised by user group adults.

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/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 (4% Fee Applied) Chg. Amount \_\_\_\_\_

I authorize Camp Wasewagan to Charge my Credit Card. **(Additional 4% fee applied)**

VISA/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 (4)

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, some 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 who are currently certified in age appropriate first aid and CPR/AED that will be 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 understood the Retreat Agreement Form and Health Care Policies/ Procedures**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_