

Killarney Lutheran Camp Facility Usage Agreement

KLC Programs Committee – Dan Fuerstenberg, Camp Manager
Contact Information: (517)467-4511 or reservations.campkillarney@gmail.com

1200 Chisholm Road
Onsted, MI 49265

Agreement made this _____ day of _____

Between Killarney Lutheran Camp and _____
Organization or Person

Group Leader: _____
Name of Person Responsible for Event Phone # Email

Complete Address: _____
Street Number and Name Apartment / Lot # City State Zip

Usage Area(s): _____
(circle/check all needed) Dining Hall Bathrooms Large Beach Pavilion Small Beach Pavilion Cabin 2 Cabin 3

_____ (circle/check all needed) Cabin 4 Boats Kayaks Bounce House Boat Launch

Purpose of Usage: _____

Church Affiliation (if any) Name of Church _____

Will there be any Religious Activity being conducted: (Circle/check One) Yes or No

Date(s) of Usage: _____

Beginning at _____ and Ending at _____
Time Time

Base Fee \$ _____ plus \$100 Cleaning Deposit
Balance due in full at time of check in, Cleaning deposit will be refunded if facilities are cleaned at time of departure.

Acceptance of Facility Regulations and Conditions:

The above conditions, in addition to the regulations listed on the accompanying document marked "Killarney Lutheran Camp Facilities Use Policy", are satisfactory and hereby accepted. The applying organization/person hereby waives and holds harmless Killarney Lutheran Camp for any injury incurred while using the facility. Furthermore, the applying organization/person assumes all liability for the above event or use of Killarney Lutheran Camp facility and grounds/outdoor recreation areas.

*A Liability Insurance Certificate that lists Killarney Lutheran Camp located at 1200 Chisholm Road, Onsted, MI 49265 as Additional Insured for fire and legal/ damage to rented premises for a minimum liability occurrence limit of \$1,000,000 is **REQUIRED** for any groups/organizations renting the facilities. This is due **ONE WEEK** prior to reservation. (Your current Insurance Company may be able to provide you with this document).

Authorized Signature of Group Leader: _____

Printed Name of Group Leader: _____

Phone #(s): _____ Email: _____

Permission is hereby granted to the above named group for the use of facilities on the indicated dates and times.

Date Killarney Lutheran Camp Programs Committee Representative

Please complete **highlighted** areas and return one signed copy to Killarney Lutheran Camp, Dan Fuerstenberg. You will receive a copy of the permission granted form within one week of Killarney receiving your request.