



Planning Your Retreat

We strongly believe that everyone needs to break away from their day to day routines and have a special time that they set aside to focus on their relationship with God. That is why we strive to offer such a place where people can come and be free of distractions and just refocus their lives on Him.

When you plan your retreat, feel free to customize your weekend to your needs. You are in charge of your schedule, and we will just be here to serve. You let us know how long you want to stay, when you want your meals, when you will need to have your worship, ministry and teaching times in the chapel, when you want any activities, and we will do our best to make it the most enjoyable and relaxed weekend for you.

To Plan Your Retreat:

- Contact the camp and let us know what date you need
- Let us know what type of group (kids ages 6-12, youth ages 13-18, ladies, or men)
- Decide how many nights, meals and which activities you would like for your price quote
- Inform us of how large your group will be (20-120)
- Let us send you a contract
- Return the contract along with a deposit of \$10 per person and your weekend schedule
- Be in touch the week of the retreat to tell us your final count (if mixed retreat we need to know male/female count for dorm arrangements).
- Come and enjoy your weekend!

We have plenty of available dates in the spring and fall. And if you have children's groups, we have great programs available in the summer as well. Just let us know when you want to come.

We do it all His Way!

Camp His Way
561 McGilberry Rd
Zavalla, TX 75980
936-897-9974 or 1-888-CAMP-HIS
info@camphisway.com
www.camphisway.com

RETREAT CONTRACT

Between **CAMP HIS WAY, INC.** and

GROUP:

Retreat dates: _____ **Number to Attend:** _____ **Cost per Person \$** _____

Time of Arrival at Camp: _____ **Time of Departure:** _____

Meals: _____

DEPOSIT: We agree to pay Camp His Way for a guaranteed minimum deposit of _____ people at \$10 per person, which equals \$_____, this will confirm our reserved dates. Once the deposit has been made and this contract has been signed by both parties, we are obligated to the terms and no other alterations can be made after 60 days prior to the beginning of this weekend retreat. We are also aware that there is a minimum requirement of 20 people to book a retreat and there may be other groups on the campground if we deposit for under 50 people.

COST: We agree to pay Camp His Way for a guaranteed minimum of ___ people at \$___ per person, which equals \$_____.

LINENS and FACILITIES: Linens are not provided. All beds are twin size. Guest must bring bedding and towels. For day only retreats, minimum facilities will be available for swimsuit changing purposes only.

CAMPERS and COUNSELORS: Campers for day camps, summer camp, and weekend minicamps are children ages 6-12. Counselors are responsible adults over 18 years of age acting as chaperones for their group. Groups attending camp are required to bring one counselor/chaperone per 10 campers. Camp His Way staff will run the activities and programs for kids groups. Groups are responsible for running adequate background checks for their counselors before arriving at camp.

PROGRAMMING: For youth (ages 12-18) or adult (ages 18+) retreats, a schedule of requested activities, meeting and meal times will be turned into camp along with this contract and deposit. For children (ages 6-12), Camp His Way will provide all programming, activities and scheduling.

PAYMENT: It is agreed that payment of any balance due, including any damages, shall be made before leaving Camp His Way.

CANCELLATION: It is agreed that this Agreement may be canceled at any time prior to 60 days before the beginning of this retreat. In doing so, the deposit will be refunded. If cancellation occurs within 60 days before the beginning of this retreat, we understand that our deposit will be forfeited.

HOLD HARMLESS AGREEMENT: We agree to indemnify and hold harmless Camp His Way, Inc., its officers, agents and employees from and against every expense, including attorney's fees, liability or payment by reason of any damages or injury to persons (including death), or property (including loss of use or theft thereof) arising out of or in connection with the conference, including use or occupancy of Camp His Way property, facilities or equipment, provided that such damages or injury are caused in whole or in part by the group, as above defined, its officers, agents, employees or participants. We agree that every camper/counselor will complete and turn in the CHW Medical and Release Form upon arrival to Camp.

CONDUCT: We have read the policies of Camp His Way and agree to abide by them while at Camp His Way.

AGREEMENT: I certify that I am authorized to sign this Agreement on behalf of the above-mentioned group or organization. I promise to abide by the Policies and Rules of Camp His Way. I understand that full payment of the fees is due and payable before we leave the Camp. I have read the Camp policies and understand that it is a part of the Agreement.

Authorized Signature

Date

Printed Name: _____ **Title:** _____

Home Phone: _____ **Office Phone:** _____ **Cell Phone:** _____

Church Phone: _____ **E-Mail:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

SPECIAL NEEDS: _____

EQUIPMENT NEEDS: _____

ACTIVITIES REQUESTED: _____

FACILITIES WILL BE RELEASED FOR BOOKING IF YOU DO NOT RESPOND BY: 60 days prior to retreat dates
Camp His Way – 561 McGilberry Rd – Zavalla, Texas 75980 – (936) 897-9974 – info@camphisway.com



Camp His Way Policies

Group Leader: Please make a copy of these policies available to each member of your group.

Check-in: At arrival, our Host will check you in and confer with you regarding your schedule to verify meal and meeting times. Please have a copy of your schedule for the Host.

Parking: All vehicles must be parked in the designated parking area. Please do not drive vehicles through camp.

Bedding: Campers must furnish their own bedding, pillows and towels. Bunks are twin size.

Leadership: Sponsors must maintain supervision of all members of their group. There is a required ratio of 10:1 for minors. You are responsible for background checks.

Payment: Payment is due before the group departs from the Camp. Cash and checks are the only accepted methods of payment.

Meals: At check-in, you must report to the Host the number of people in your group at each meal and meal schedules.

After meals, please have campers take dishes to the designated area, scrape and stack neatly. No glasses, dishes, etc., are to be taken from the dining area.

Waterfront Activities:

- Canoeing and boating are allowed only when Lifeguard is on duty. Camp is not responsible for any water activities off the camp property.
- Life jackets must be worn at all times for boating and canoeing.
- After each recreational time, remove all canoes from the water and place life jackets on the rack.
- Leaders should be present at the waterfront when children are fishing.
- Anyone failing to comply with rules of the Camp and applicable State laws shall be denied water activities.
- Inclement or approaching inclement weather conditions will result in the cancellation of water activities until weather conditions are deemed safe by the Camp Director.

Snacks: Typically, personal snacks are not needed because our food is the best around. Yet, if still brought, there are no snacks allowed in the dorms.

Activities: All activities must be scheduled through the Director or Manager. Equipment will be made available. Camp His Way will provide supervision when necessary.

Program: A copy of your schedule (for weekend adult and youth retreats) should be submitted to the camp no later than two weeks prior to arrival.

Departure: Please sweep out all areas used by your group and pick up trash around the grounds upon departure.

Dress:

- **SHOES MUST BE WORN AT ALL TIMES.**
- For safety reasons water shoes must be worn in the lake while swimming.
- All guests must dress in keeping with modesty and Christian ideals.

Restrictions:

- No alcoholic beverages, tobacco in any form, narcotics or illegal drugs of any kind are permitted on the Campgrounds. Over-the-counter and prescription drugs in their original container are permitted.
- Because of the fire hazard, smoking is NOT permitted in or around any buildings or forest area.
- Guns of any sort and fireworks are not allowed on the Campgrounds.
- All profanity, immoral conduct of any nature, and immodest dress are forbidden at Camp His Way.
- Males and females must not visit each other's dorms.
- Pets are not allowed to visit. We have plenty available.

First Aid: First aid and emergency care will be available. The First Aid station is located by the Camp Office. Emergency procedures are posted. The Camp Director should be notified of any emergency.

Phones: Phones are only available for emergency use. It is a business and we ask that calls be limited. Please do not charge calls to the Camp.

Legal Waver: All Guests must complete and sign the retreat release waiver and turn in at arrival to the Camp.

Camp His Way Guest Medical and Release Form—Retreat Season

Name(s) and Contact Information

Main Guest Name : _____ D.O.B. _____ M or F

All other Family Members attending the same retreat with the Main Guest :

Guest Name : _____ Relation to main Guest _____ D.O.B. _____ M or F

Guest Name : _____ Relation to main Guest _____ D.O.B. _____ M or F

Guest Name : _____ Relation to main Guest _____ D.O.B. _____ M or F

Address _____ E-Mail _____

Please Notify in case of an Emergency:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

Medical Attention

I, my child and/or my family (herein known as the "Guest") will be attending a retreat at Camp His Way on the dates of _____ under the supervision of _____ (herein known as the "Sponsoring Organization"). I hereby authorize Camp His Way and/or the Sponsoring Organization to make arrangements for or give any medical attention to the Guest, emergency or otherwise, that is deemed necessary under the circumstances by the sole discretion of camp His Way and/or the Sponsoring Organization. I hereby give permission to the physician selected by camp His Way and or the Sponsoring Organization to hospitalize and/or secure proper treatment as the physician may deem appropriate. I further understand that medical treatment may be several minutes away in the event of a medical emergency.

Signature of Guest or Legal Guardian of Guest, if Guest is under 18 years old.

Date

Recreational Activities

The proposed activities provided by Camp His Way and/or the Sponsoring Organization (herein known as the "Recreational Activities") require participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge the Guest and cause surges of blood pressure and pulse rates. **It is imperative that the Guest is free of any diseases or injuries, heart related or otherwise, which might create undue risks to themselves and/or to any other participants.** The Recreational Activities provided by Camp His Way and/or the Sponsoring Organization may include, but are not limited to, the following list; indoor and outdoor games, boating, fishing, swimming, watersliding, zip line, challenge course activities, horseback riding and various rides. All Guests participating in the Recreational Activities may be exposed to the elements of nature, including temperature extremes and inclement weather.

Current Medical Condition

I certify that the Guest is in good health, physically and mentally, to the best of my knowledge and from past health examinations for the participation in the Recreational Activities. **List any medical concerns including allergies :**

Signature of Guest or Legal Guardian of Guest, if Guest is under 18 years old.

Date

Assumption of Risk and Release

I hereby acknowledge that during the Guest's voluntary participation in the Recreational Activities, that certain risks and dangers may occur due to accidents, which may include, but are not limited to, the hazards of depending on other people, being at various heights, activities in remote places without medical facilities, the forces of nature, loss or damage to personal property, physical or mental injury, not excluding fatality. I hereby assume all mentioned risks and those which are not specifically foreseeable, and will hold Camp His Way, including its staff and Board of Directors, and the Sponsoring Organization harmless from any and all liability, claims and demands of every kind whatsoever, whether for bodily injury, property damage or otherwise, which may arise from or in connection with the Guest's participation in any activities arranged by Camp His Way or the Sponsoring Organization. All Families/Groups shall be required to indemnify, defend, and hold Camp His Way Inc. harmless from any injury (and any resulting or related claim, action, loss, liability, or reasonable expense, including attorney's fees and other fees and court and other costs) occurring on any portion of the Camp property. This indemnity shall survive the end of the stay at Camp His Way and will apply even if an injury is caused in whole or in part by the ordinary negligence, gross negligence or willful misconduct of Camp His Way Management or Staff.

Signature of Guest or Legal Guardian of Guest, if Guest is under 18 years old.

Date

