



901 Private Road 2060 , Purdy, MO 65734  
(417) 476-2565 Fax: (417) 476-2980  
e-mail [billie@campbarnabas.org](mailto:billie@campbarnabas.org)  
[www.campbarnabas.org](http://www.campbarnabas.org)



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Dear Retreat Leader:

We're excited you are considering Camp Barnabas for your group's retreat and we look forward to serving you. While we work together to make this an awesome experience for you and your participants, please be sure to contact me with any questions or concerns you may have. I'll be in touch with you from time to time as well.

Please carefully read through all the information enclosed and then make the choices that best fit your event. After you've made your decision to book your event with us, please call to discuss your choices and finalize the enclosed Registration Form. The enclosed "Group Leader's Check List" is for your convenience to assist you in meeting deadlines and staying on task through the development and finalization processes of preparing for your retreat.

If you have tentatively reserved dates for your retreat, these dates will be confirmed when we receive the following completed forms from you:

- Retreat Reservation Form
- Deposit (Non-refundable)
- Release of Liability Form
- Certificate of Liability Insurance Form

Thank you again, for choosing to consider Camp Barnabas and the outstanding services we offer! We look forward to sharing our facilities with you and are praying for you and your group as you prepare for this special time.

Billie Walters  
417-476-2565 x113  
[billie@campbarnabas.org](mailto:billie@campbarnabas.org)



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### **Retreat Rates:**

We can accommodate a retreat of most any size (up to 450); however, to reserve the facility for a private retreat, the minimum group billing size is 150. If your group does not meet the 150-person minimum, we would still be happy to host your retreat but reserve the right to book more than one group at the same time. If more than one retreat is scheduled at the same time, individual groups may reserve facilities for private use by their group for an additional fee.

The cost per any 24-hour period for using the facilities at Camp Barnabas is **\$25 Per Person** and **\$6** per meal. (kids 5 and under eat free) The cost for day use of the facility is **\$10** per person and **\$6** per meal. Groups that are performing service work for Camp Barnabas will not be charged for using the facility. However, groups are responsible to work a minimum of 6 hours and pay \$6 per meal to assist with food cost and the use of the facility.

### **Items Included in the Daily Use Fee:**

Lodging	Disc Golf
Hiking	Bonfire (with prior notice)
Basketball	Baseball/Softball
Sports Field (great for Ultimate Frisbee)	Woody's Backyard Playground
Canoes (seasonal)	
Fishing (you must bring your own equipment)	
Media (movies, sound systems, projectors)	

For the above activities, equipment will be checked out to the Group Leader. The group will be charged for equipment that is not returned or has been broken or damaged. You may choose to check out all the equipment at the beginning of the retreat and turn it in when the retreat is over. Any Charges will be based on current replacement costs.

### **Shirt Shack**

Camp Barnabas shirts, hats and other items are available on request. Please confirm at least one month in advance if you wish to have these items available.

### **Additional Programs:**

#### High Ropes Challenge Course

With a 45 foot climbing tower, 250 foot zip line and a Giant swing that will leave you "screaming" you'll find big thrills and great satisfaction from completing the high ropes challenge course. Great tool for introspective learning and group team building.

#### Low Ropes Challenge Course

Whether you're wanting to build team work and communication or simply wanting to broaden your perspective on how group dynamics work, we offer several programs that are sure to leave a lasting impression on your group.

#### Horseback Riding and Lessons

\*\*\*\*\* Please call for pricing and availability \*\*\*\*\*



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## Retreat Reservation Form

**Organization Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Group Leader:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_  
 (Assigned by the Organization. Will be in charge and responsible for the Group for the duration of the event.)

**E-mail Address:** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Departure Time:** \_\_\_\_\_

Approximate # of Attendees:    \_\_\_ Female Leaders    \_\_\_ Females    \_\_\_ Male Leaders    \_\_\_ Males

*Final # of Attendees:*            \_\_\_ Female Leaders    \_\_\_ Females    \_\_\_ Male Leaders    \_\_\_ Males

## Programs and Activities Requested (at additional costs)

	<u>Number of participants</u>	<u>Number of Days</u>
HIGH ROPES	_____	_____
LOW ROPES	_____	_____
RAPPELLING – High Ropes Tower	_____	_____
HORSE BACK RIDING	_____	_____
BONDFIRE	_____	_____

## Food Services

First Meal Needed:

Last Meal Needed:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

(If a member of your group has diet restrictions or food allergies, please notify our Food Services Manager in advance at [Billie@campbarnabas.org](mailto:Billie@campbarnabas.org) prior to the event.)

SIGNATURE OF GROUP LEADER: \_\_\_\_\_ Date: \_\_\_\_\_



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### Group Leader's Checklist

#### **IMMEDIATE ACTION REQUIRED**

**Fill out and mail the following as soon as possible.**

**All items are required 30 days prior to the start date of the event.**

**Preferred retreat dates are not confirmed until we have your \$200 deposit and all of the information listed below in our office and on file.**

- \_\_\_\_\_ Retreat Reservation Form
- \_\_\_\_\_ \$200.00 Deposit (Non-Refundable)
- \_\_\_\_\_ Signed Release of Liability Form
- \_\_\_\_\_ Signed High/Low Ropes Assessment and Cancellation Policy
- \_\_\_\_\_ ACORD Certificate of Liability Insurance form showing Camp Barnabas as an additional insured with a minimum limit of \$1,000,000 per occurrence from your liability insurance carrier. *The insurance company can fax the completed form to 417-476-2980 or mail it to 901 Private Road 2060, Purdy, MO 65734. (Sample in appendix)*

#### **One Week Prior to the start date of the Retreat:**

- \_\_\_\_\_ Finalize the number of participants
- \_\_\_\_\_ Contact the Camp Barnabas representative to finalize any additional requests, i.e. audio/visual equipment, bond fire, smoking area, etc.)
- \_\_\_\_\_ Make sure you have the following forms completed and in your possession.
  - \_\_\_\_\_ Medical Release Form for EACH participant
  - \_\_\_\_\_ Consent Form for Participants Under 18 Years of Age for EACH participant under 18 years of age
  - \_\_\_\_\_ Signed Camp Barnabas Release for Ropes Course Participation (If applicable)
- \_\_\_\_\_ Group First Aid Kit (we suggest you include antibiotic cream or spray, ibuprophen, burn cream, band-aids(several sizes), tweezers, gauze, scissor, decongestant/allergy tablets.

#### **Upon Arrival:**

- \_\_\_\_\_ Group Leader checks in with Camp Barnabas representative.
- \_\_\_\_\_ Completed Medical Release Forms and Consent Forms for Participants Under 18 Years of Age are proven to be in the possession of the Group Leader by the Camp Barnabas representative.
- \_\_\_\_\_ Group Leader will accompany the Camp Barnabas representative on Facility walk-through.

#### **Upon Checkout:**

- \_\_\_\_\_ Group Leader will accompany the Camp Barnabas representative on a Facility walk-through.
- \_\_\_\_\_ Final payment or payment arrangements must be made.



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### RELEASE OF LIABILITY FOR ORGANIZATION

(TO BE COMPLETED BY GROUP LEADER RESPONSIBLE FOR THE ORGANIZATION OR GROUP)

WHEREAS, Camp Barnabas and its sponsors and affiliates desire to provide services, work projects and day visits at 901 Private Road 2060, Purdy, Missouri 65734 to:

\_\_\_\_\_ (Organization)  
beginning: \_\_\_\_\_ at \_\_\_\_\_ and ending: \_\_\_\_\_ at \_\_\_\_\_  
(date) (time) (date) (time)

WHEREAS, \_\_\_\_\_ (Organization) desires to participate in services as described and agreed to in the Camp Barnabas Information Packet.

#### **SECTION 1: CERTIFICATE OF INSURANCE**

Camp Barnabas and its sponsors and affiliates require a Certificate of Insurance naming Camp Barnabas as an additional insured on the organization's liability insurance policy. This endorsement must carry a minimum limit of \$1,000,000 per occurrence. **This Certificate of Insurance must be received by Camp Barnabas 30 days before the beginning date of the scheduled event.** (See appendix for sample form.)

In the event the organization does not have liability insurance, each individual participant, must sign a Release of Liability for Individual form. If the participant is under 18 years of age the parent or guardian must sign and submit a Consent for Participants Under 18 Years of Age form. These forms must be submitted to the Camp Barnabas representative prior to the event. (See appendix for sample form)

#### **SECTION 2: FINANCIAL RESPONSIBILITY**

The Organization agrees to pay within 30 days of the date of invoice from Camp Barnabas, the costs of services rendered as agreed to in the Reservation Form (if applicable) including any additional costs incurred during the service period due to extended stay, addition or change in food services, addition or change in equipment usage or addition or change in activities.

#### **SECTION 3: GROUP LEADER RESPONSIBILITIES**

The Organization has designated \_\_\_\_\_ as the Group Leader to represent the Organization for this event. By initialing each of the following items, the Group Leader understands and agrees:

- \_\_\_\_\_ 1. All participants will be informed of the policies and procedures as outlined in the Camp Barnabas Policies and Procedures document and posted in the Camp Barnabas Dining Hall and agrees to uphold and abide by them. (see appendix for copy)
- \_\_\_\_\_ 2. The Group Leader will monitor and enforce compliance with the policies and procedures as outlined in the Camp Barnabas Policies and Procedures document.
- \_\_\_\_\_ 3. Any and all participants violating the policies and procedures as outlined in the Camp Barnabas Policies and Procedures document may be required to leave Camp Barnabas by the Group Leader or a Camp Barnabas representative ***without refund.***
- \_\_\_\_\_ 4. The Organization is responsible to replace and/or repair, to the satisfaction of Camp Barnabas, any and all property damage caused by any and all Organization participants .
- \_\_\_\_\_ 5. A Medical Information Form for each attendee will be completed prior to the event and will be in the possession of the Group Leader during the event in order for the Group Leader to handle any medical issues that occur during the service period. This form will include name, address, any medical conditions, medications being used, allergies, emergency contact names and phone numbers . (A sample form is attached.)
- \_\_\_\_\_ 6. The Group Leader will be prepared to provide first aid supplies, medical attention and transportation for medical care to any and all participants.
- \_\_\_\_\_ 7. The Group Leader will be prepared to communicate first aid responsibilities to the participants and be prepared to handle any and all participants' medical situations.
- \_\_\_\_\_ 8. At least one adult who has an up-to-date CPR certification and First Aid certification must accompany the participants .
- \_\_\_\_\_ 9. A Consent Form for Participants Under 18 Years of Age for any and all minors, signed by the parent or legal guardian to participate in any and all activities must be in the possession of the Group Leader prior to and during the event. This consent includes ropes and challenge courses and horseback riding.

**RELEASE OF LIABILITY FOR  
ORGANIZATION (Continued)**

**SECTION 4: RIGHT TO REFUSE PARTICIPANT(S)**

Organization and any and all participants understand and agree that Camp Barnabas may refuse to allow the participation of any participant(s) that Camp Barnabas believes in their sole judgment may present a safety hazard to other participant(s), Camp Barnabas staff, invitees, other groups on campus or to themselves.

**SECTION 5: WARNING AND ASSUMPTION OF RISK**

Organization understands that outdoor activities, work projects, day visits, utilization of golf carts or recreational/work vehicles involve activities where there are inherent elements of risk always present despite all safety precautions. Organization fully accepts any and all such risk(s), including those of ropes and challenge courses and horseback riding.

**SECTION 6: RELEASE OF LIABILITY FOR NEGLIGENCE**

Organization and any and all participants hereby, for themselves, their heirs, administrators and assigns, releases and discharges Camp Barnabas, its affiliates, sponsors, sponsors' agents and sponsors' affiliates from all claims for bodily injury, property damage, death, medical expenses or any other financial loss occurring to the participants during the service period related to any act or omission, including negligent acts or omissions, of Camp Barnabas, its affiliates, sponsors, sponsors' agents and/or sponsors' affiliates.

**SECTION 7: INDEMNIFICATION**

Organization and any and all participants further agrees to indemnify and hold harmless Camp Barnabas, its sponsors plus their agents and affiliates from any and all costs, including reasonable attorney fees, incurred in defending against claims arising from the negligent acts or omissions, reckless acts or omissions or intentional misconduct of participants during the service period.

**SECTION 8: PUBLICITY**

Organization and any and all participants grant permission to Camp Barnabas, its sponsors and their affiliates to publish, in any form, any photographs of participants during the services period and agrees that Organization and participants are not due any payment from sponsors for publishing their photographs.

**SECTION 9: ENTIRE AGREEMENT/MISSOURI LAW/PARTIAL INVALIDITY**

This document constitutes the final and entire agreement between Camp Barnabas, its affiliates and sponsors, Organization and participants concerning the service period. This contract is delivered, executed, accepted and performed exclusively within the state of Missouri and shall be interpreted and enforced under the laws of Missouri. In the event any term of this contract shall be determined to be illegal or unenforceable, this contract shall remain in full force and effects as to all other terms.

**BY SIGNING BELOW, THE ORGANIZATION WARRANTS THAT THEY HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE AND THAT THIS CONTRACT INCLUDES A RELEASE OF LIABILITY FOR NEGLIGENCE AND WARRANTS THAT THEY SIGN THIS DOCUMENT OF THEIR OWN FREE WILL.**

\_\_\_\_\_  
Print Group Leader 's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## High / Low Ropes Assessment

(Must be completed by group leader if participating in High / Low Ropes activities)

Organization: \_\_\_\_\_ Group Leaders Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Program: \_\_\_\_\_ Time: \_\_\_\_\_

Please fill out all of the information below to the best of your ability. This information will be used to determine the number of facilitators for your group as well as the type and level of programming needed to meet the your goals.

Name of your Group?

What is the age range of the participants?

What is the male to female ratio?

How many Participants?

Do the participants want to participate?

Have any of the participants ever participated on a challenge course before?

What are the leader's goals for the program?

What are the participant's goals for the program?

Are there any physical, mental, or health considerations to keep in mind?



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### **Ropes Course Cancellation Policy**

A group must cancel at least one week (7 days) in advance of their scheduled date on the ropes course to avoid penalty. In the case of inclement weather, it will be the sole responsibility of the lead tech to make the call to cancel. In this case, the group will be given the opportunity to reschedule the program date with no penalty, if the reschedule is done within 4 weeks of the cancelled date.

**Concerning Facilitator/Tech Pay:** Any group canceling inside that 7 day period will be penalized and the facilitators/techs will receive 75 % of their normal daily pay.

Cancellations due to inclement weather will be made by the Lead Tech in charge of the program for that day. There will be no pay to facilitators/techs when there is a weather related cancellation. The decision to cancel because of weather will normally be made the day before the program, accept in the case of unexpected weather. Groups choosing to “risk it” anyway when the weather is expected to be bad will be billed for full price if then weather delays/rains out their program.

**No Shows:** Facilitators/Techs will receive 100% of their pay for groups who fail to show at the scheduled date/time.

**BY SIGNING BELOW, THE ORGANIZATION WARRANTS THAT THEY HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE AND WARRANTS THAT THEY SIGN THIS DOCUMENT OF THEIR OWN FREE WILL.**

\_\_\_\_\_  
**Print Group Leader 's Name**

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

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



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## **CAMP BARNABAS RELEASE AND INFORMED CONSENT FOR ROPES COURSE PARTICIPAION**

(MUST BE COMPLETED BY EACH PARTICIPANT OR LEGAL GUARDIAN IF UNDER 18YEARS OF AGE)

The undersigned ("the Participant") hereby acknowledges that I have voluntarily applied to participate in the Challenge Course portion of the program.

I am aware that the activities of the Team Event will necessarily involve participation in exercises which by their nature may be considered inherently dangerous and physically demanding and may subject the Participant to stress, anxiety, and other hazards, not all of which can be foreseen. It is fully understood that the Participant may be climbing and walking on cables, logs, ladders, walls, and beams. The Participant will participate in activities, which may be at substantial heights above the ground. Additionally, the participant may be participating in activities that require hiking across undeveloped terrain some distance from emergency services.

Prior to my participation, I will be advised of the rules and requirements governing my participation. I agree to accept and abide by those rules and requirements.

I agree that if at any time I believe the Team Event activities are beyond the scope of my capabilities, I will immediately so notify the Team Event personnel and withdraw from participation.

In consideration of being allowed to participate in the Team Event, I hereby release and covenant not to sue Camp Barnabas, Challenge Quest, LLC. (CQ), and any of CQ's affiliated companies as well as their board of directors, officers, staff, employees, owners, agents and any individual or company (the Releasees) assisting, instructing or conducting the Team Event activities from all liability of any nature for any and all injuries, loss, death, claim or damage I may suffer due to my own negligence. This release is binding on my heirs, personal representatives and assigns.

### **II. NOTICE REGARDING IMPACT OF MEDICAL OR PHYSICAL CONDITIONS**

Please read and check your response to each question.

1. Do you have a healing fracture or joint injury?  Yes  No
2. Do you have any abdominal organ enlargement?  Yes  No  
Enlarged spleen may occur as the result of mononucleosis or enlarged liver from a condition such as hepatitis.
3. Do you have insect allergies?  Yes  No  
You should have an Epi-pen or other self treatment if you are susceptible.
4. Are you pregnant?  Yes  No
5. Have you had an organ transplant?  Yes  No
6. Do you have asthma?  Yes  No  
You should bring your medication with you to the program.

**WARNING**—Be aware that, as in any physical activity, your heart rate can increase due to participation. If you are aware of a personal heart history, we request you self-monitor or withdraw from activity that may overstress you. *The above information accurately reflects my current state of health.*

**CAMP BARNABAS RELEASE AND INFORMED CONSENT  
FOR ROPES COURSE PARTICIPTAION (CONTINUED)**

**SELF-GUIDE FOR DETERMINING PARTICIPATION ON ROPES ACTIVITIES**

Information for persons determining participation in ropes course activities. Appropriate action based on positive responses to questions on the "Information to Assess Participation Level" questionnaire.

Limiting your participation in the physical group activities does not exclude you from being an active participant in the process. There are several other roles you can fulfill if you are unable to fully participate in the physical activities. Your facilitator can help you discover those opportunities.

If a positive response is given to the question:

1. (Healing Fracture or joint injury) It is suggested that you check with your doctor if in doubt about the activity.
2. Organ enlargement) You may not wear a harness, but may participate in all other activities.
3. (Insect allergies) Have the kit to administer appropriate medication with you on the course. You must have received instruction on how to administer the injection properly.
4. (Pregnancy) You will be excluded from all activity where you might fall, or get a shock load to the body. May not participate where a harness is required. Must not be involved in heavy lifting.
5. (Organ transplant) You may not participate where a harness is required.
6. (Asthma) Be aware of your own well being. Transportation is available to take you to an inside facility. If a severe attack occurs, a call to 911 can be made for transportation to a medical facility. Carry all medication necessary with you.

As in any physical activity, be alert to discomfort, light headedness or other indications of a possible cardiac incident. Make an intelligent decision early for yourself about your level of participation.

**By my signature below, I certify that I have read and understand the contents of this Informed Consent**

**AND**

**- have not taken any medication and have no known physical or medical condition that would impair my capability for full participation in the Team Event;**

**OR**

**- assume responsibility for any potential adverse impact any condition or medication may have upon my full participation in the Team Event.**

**I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS BOTH A RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF NOTICE AND HAVE SIGNED IT OF MY OWN FREE WILL.**

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

*Participant Signature* \_\_\_\_\_

Date \_\_\_\_\_

*Parent Signature* \_\_\_\_\_

Date \_\_\_\_\_

**Parent signature required for participants under the age of 18 years old.**



## Appendix

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**CAMP BARNABAS  
Medical Release Form**

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Permanent Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name of First Person to Contact in Case of an Emergency:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_  
**Evening Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Name of Alternate Person to Contact in Case of an Emergency:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_  
**Evening Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_  
**Member Name:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**MEDICAL INFORMATION**

**Allergies: (if none write in N/A)** \_\_\_\_\_

**Medications taken on a daily basis:** \_\_\_\_\_

**List any health conditions:** \_\_\_\_\_

**Date of last Tetanus shot:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name:** \_\_\_\_\_ has my permission to participate in all activities while in attendance at Camp Barnabas. I realize that Camp Barnabas does not have medical personnel on site to provide care to the participants and I therefore give permission to the Group Leader to select a facility to provide care to the above named individual in case of an injury or illness. I give the Group Leader permission to select a physician, approve the use of medication, X-rays, anesthesia and/or hospitalize the above named individual in case I cannot be reached by telephone. I realize every effort will be made to reach me by telephone prior to administering non-emergency care to the above named individual. However, if medical care is deemed necessary and the parent cannot be reached, I give permission to the group leader to act on my behalf and select the medical personnel necessary to provide care for above named individual. I have provided the following telephone numbers where I can be reached to discuss the care or medical needs of above named individual.

*List any medication or food the above named individual is allergic to:(if none write in N/A)* \_\_\_\_\_

**To the best of my knowledge, the information given on the Medical Release Form is accurate.**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

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



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### **Consent for Participants Under 18 Years of Age**

As a parent or legal guardian, I have read all information concerning Camp Barnabas and give my child permission to be active as a participant at the camp. I understand that my child will be asked to participate fully in all activities and will be expected to abide by all policies and procedures of the camp. I have been advised of the nature and extent of the activities in which the participants may be involved while at Camp Barnabas including water activities, ropes and challenge courses and horseback riding.

I further understand that outdoor activities where there are inherent elements of risk always present despite all safety precautions. I further accept any and all such risk(s).

I understand that Camp Barnabas is NOT responsible for the loss of clothing or personal property while my child is at camp. For overnight events, I agree to send all articles of clothing and personal property clearly marked with my child's first and last name.

I hereby, and for my heirs, executors and administrators, assigns and all legal guardians, waive and release any and all rights and claims for any nature I may have against Camp Barnabas, its Directors, employees, Board of Directors, volunteers, campers and cooperating entities for and against any and all injuries and damages of any nature, including death, which my child may suffer while taking part in Camp Barnabas or other activities associated with Camp Barnabas. I further understand and assume all risks associated in participating at Camp Barnabas.

Camp Barnabas has my permission to use pictures taken of my child and quotes from my child for fundraising and publicity purposes. Further, consent is given to Camp Barnabas, its Directors, employees, agents and cooperating entities to use my name, picture, likeness, writings or biographical information or audio or video tape recordings of me or my child for use in any media for editorial, educational, promotional or advertising purposes in furtherance of the purposes and objectives of Camp Barnabas without compensation for such usage.

Print name of minor (under 18 years of age): \_\_\_\_\_

Signature of minor: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of parent or legal guardian: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<b>PRODUCER</b>  <b>INSURED</b>	<p style="text-align: center; font-weight: bold;">THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A:</td><td></td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER A:													
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																								
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$																								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$																								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$  OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																								
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; border-bottom: 1px solid black;">WC STATU-TORY LIMITS</td> <td style="width: 10%; border-bottom: 1px solid black;">OTH-ER</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table>		WC STATU-TORY LIMITS	OTH-ER					E.L. EACH ACCIDENT				\$		E.L. DISEASE - EA EMPLOYEE				\$		E.L. DISEASE - POLICY LIMIT				\$
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	E.L. DISEASE - POLICY LIMIT				\$																								
	<b>OTHER</b>																												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b>  City of Los Angeles Office of the City Administrative Officer, Risk Management 200 North Main Street, Room 1240 Los Angeles, CA 90012	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE
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901 Private Road 2060 , Purdy, MO 65734 (417) 476-2565 Fax: (417) 476-2980  
billie@campbarnabas.org www.campbarnabas.org

## Camp Barnabas Policies

1. It is expected that all participants be supervised at all times by the adults/sponsors of the group. They should see that all policies are being followed and instruct members of the group who are not following the rules of Camp Barnabas. (**We recommend a ratio of 1 adult to 7 youth.**)
2. No alcoholic beverages, firearms, fireworks or personal pets are allowed at any time.
3. Smoking is not allowed on the grounds of Camp Barnabas without prior notification. Smoking in the buildings is prohibited and will result in a \$75.00 fine per incident.
4. Participants are not allowed to use the camp phones unless in an extreme emergency. Group Leaders may use the camp phones if using a calling card or making collect calls. We ask that use of cell phones be limited and prefer that cell phones not be used on campus.
5. All vehicles are to be parked in designated parking areas only. No parking or driving off paved or gravel surfaces.
6. All participants must have a Medical Release Form turned into the Group Leader prior to arriving at Camp Barnabas.
7. All litter and trash must be kept in proper receptacles.
8. The front gate is locked after 10:00 p.m. unless other arrangements have been made.
9. All persons must have on shoes at all times except in the pool. Camp Barnabas requires that closed-toe shoes, not open toed sandals, be worn for safety. Sandals may be worn to and from the pool and bathhouses.
10. Camp Barnabas recommends that all persons walking after dark use a flashlight. (Flashlights are not provided by Camp Barnabas)
11. Campfires are permitted with arrangements made through the Camp Manager. A member of the Camp Barnabas staff must build and maintain the campfire.
12. Please help to conserve energy by turning off all lights and fans when not in use.
13. Food and drinks are ***not*** allowed in the cabins or sleeping quarters at any time. They attract unwanted insects, rodents and other pests.
14. Camp Barnabas staff may enter a facility at any time to inspect the premises, to observe group activities and to provide maintenance of the premises as well as any other reasonable purpose.
15. No equipment (including, beds, mattresses, chairs, tables, etc.) may be moved from any building at any time.
16. No kitchen or Dining Hall equipment may be removed for any reason at any time. This includes plates, cups, flatware and cooking utensils.
17. Please report any lost or broken equipment immediately to a Retreat Coordinator.
18. In the event of fire or storm damage, machinery that ceases to function or power outage, contact a Retreat Coordinator immediately.
19. Unchaperoned activities, including walks off of trails into pastures or woodlands, are strictly prohibited due to dangers that are present in nature.
20. No one is allowed to step below the Cross at Inspiration Point without being harnessed by Camp Barnabas Ropes Staff.



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**RELEASE OF LIABILITY**  
**FOR**  
**INDIVIDUAL or FAMILY**

(TO BE COMPLETED BY EACH INDIVIDUAL OR FAMILY NOT PART OF A GROUP OR ORGANIZATION)

WHEREAS, Camp Barnabas and its sponsors and affiliates desire to provide services, work projects and day visits at 901 Private Road 2060, Purdy, Missouri 65734 to: \_\_\_\_\_

Beginning: \_\_\_\_\_ at \_\_\_\_\_ and ending: \_\_\_\_\_ at \_\_\_\_\_.  
(date) (time) (date) (time)

WHEREAS, \_\_\_\_\_ desires to participate in services as described and agreed to in the Camp Barnabas Information Packet.  
(Individual)\*

**NOTE: If a minor without a parent or legal guardian present, a Consent Form for Participants Under 18 Years of Age must be signed by the parent or legal guardian and presented to Camp Barnabas prior to participation.**

**\*If a Family, enter the primary parent's name and enter the names of other family members participating on the last page of this document.**

**SECTION 1: FINANCIAL RESPONSIBILITY (if applicable)**

The individual agrees to pay within 30 days of the date of invoice from Camp Barnabas, the costs of services rendered as agreed to in the Reservation Form (if applicable) including any additional costs incurred during the service period due to extended stay, addition or change in food services, addition or change in equipment usage or addition or change in activities.

**SECTION 2: INDIVIDUAL'S RESPONSIBILITIES**

By initialing each of the following items, the Individual understands and agrees to the following :

Initials

- \_\_\_\_\_ 1. Individual will review and follow the policies and procedures as posted in the Camp Barnabas Dining Hall.
- \_\_\_\_\_ 2. If Individual violates the policies and procedures they may be required to leave Camp Barnabas by a Camp Barnabas representative **without refund (if applicable).**
- \_\_\_\_\_ 3. The Individual is responsible to replace and/or repair, to the satisfaction of Camp Barnabas, any and all property damage caused by Individual .
- \_\_\_\_\_ 4. A Medical Information Form may be required by Camp Barnabas. This form will include name, address, all medical conditions, all medications being used, allergies, emergency contact names and phone numbers . (This requirement is at the discretion of Camp Barnabas.)
- \_\_\_\_\_ 5. All persons under the age of 18 attending an event at Camp Barnabas without a parent or guardian must submit a Consent Form for Participants Under 18 Years of Age signed by a parent or guardian prior to participating in any activity.

**RELEASE OF LIABILITY FOR  
INDIVIDUAL (Continued)**

**SECTION 4: RIGHT TO REFUSE PARTICIPANT(S)**

Individual understands and agrees that Camp Barnabas may refuse to allow the participation of any individual that Camp Barnabas believes in their sole judgment may present a safety hazard to other participant(s), Camp Barnabas staff, invitees , other groups on campus or to themselves.

**SECTION 5: WARNING AND ASSUMPTION OF RISK**

Individual understands that outdoor activities, work projects, day visits, utilization of golf carts or recreational/work vehicles involve actions where there are inherent elements of risk always present despite all safety precautions. Individual fully accepts any and all such risk(s) including those involving rope and challenge courses and horse bank riding.

**SECTION 6: RELEASE OF LIABILITY FOR NEGLIGENCE**

Individual hereby, for themselves, their heirs, administrators and assigns, releases and discharges Camp Barnabas, its affiliates, sponsors, sponsors' agents and sponsors' affiliates from all claims for bodily injury, property damage, death, medical expenses or any other financial loss occurring to the participants during the service period related to any act or omission, including negligent acts or omissions, of Camp Barnabas, its affiliates, sponsors, sponsors' agents and/or sponsors' affiliates.

**SECTION 7: INDEMNIFICATION**

Individual further agrees to indemnify and hold harmless Camp Barnabas, its sponsors plus their agents and affiliates from any and all costs, including reasonable attorney fees, incurred in defending against claims arising from the negligent acts or omissions, reckless acts or omissions or intentional misconduct of participants during the service period.

**SECTION 8: PUBLICITY**

Individual grants permission to Camp Barnabas, its sponsors and their affiliates to publish, in any form, any photographs of participants during the services period and agrees that Individual is not due any payment from Camp Barnabas, its sponsors or affiliates for publishing their photographs.

**SECTION 9: ENTIRE AGREEMENT/MISSOURI LAW/PARTIAL INVALIDITY**

This document constitutes the final and entire agreement between Camp Barnabas, its affiliates and sponsors, Individual and individual concerning the service period. This contract is delivered, executed, accepted and performed exclusively within the state of Missouri and shall be interpreted and enforced under the laws of Missouri. In the event any term of this contract shall be determined to be illegal or unenforceable, this contract shall remain in full force and effects as to all other terms.

**BY SIGNING BELOW, THE INDIVIDUAL WARRANTS THAT THEY HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE AND THAT THIS CONTRACT INCLUDES A RELEASE OF LIABILITY FOR NEGLIGENCE AND WARRANTS THAT THEY SIGN THIS DOCUMENT OF THEIR OWN FREE WILL.**

\_\_\_\_\_  
Print Individual's Name

\_\_\_\_\_  
Signature

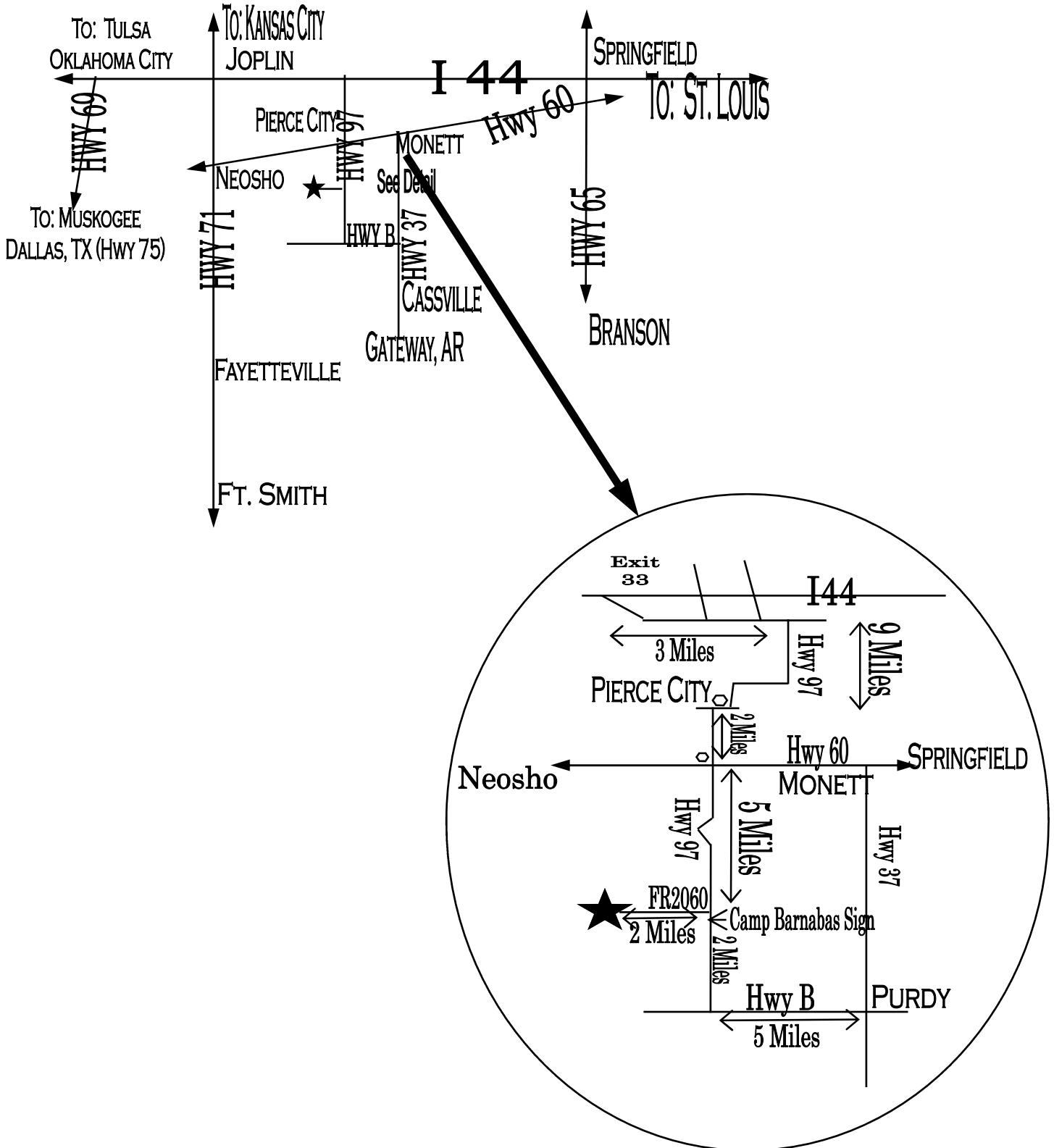
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Date

Family Members:

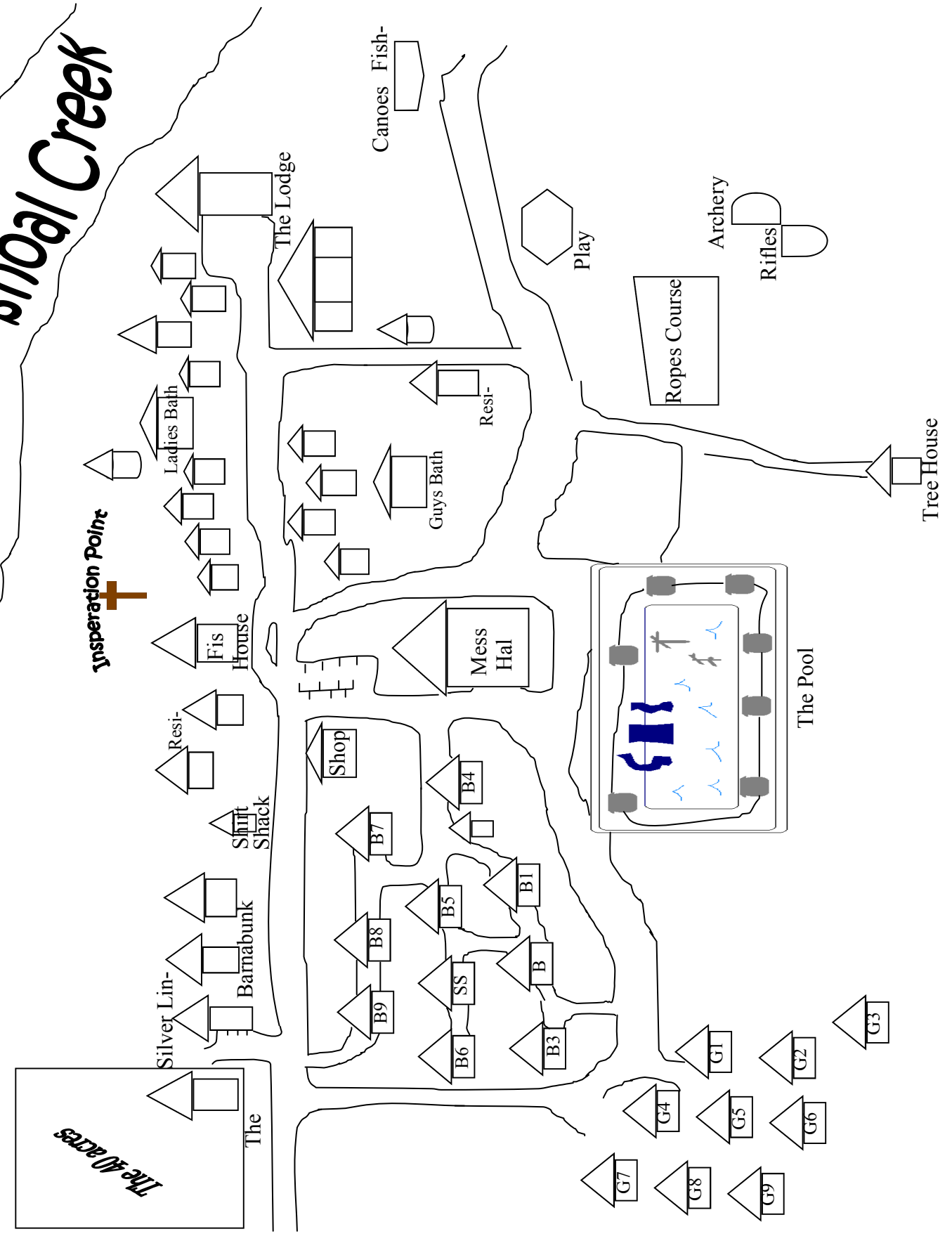
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# Map to Camp Barnabas

For more detailed directions, please call the office (417) 476-2565.



# Shoal Creek



Inspiration Point

The 40 acres

The

The Lodge

Canoes Fish

Play

Archery

Rifles

Ropes Course

Resi-

Guys Bath

Mess Hall

Shop

The Pool

Silver Lin-

Barnabunk

Shit Shack

Resi-

Fis House

Ladies Bath

Tree House

B7

B4

B5

B1

B8

B6

B9

SS

B3

G7

G8

G9

G4

G5

G6

G1

G2

G3



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