DEAR RETREAT LEADER,

Thank you for choosing Camp Barnabas for your retreat! We hope you have a wonderful experience during your time here and promise to do all that we can to help you make your retreat a success.

Please take the time to read through all of the information provided including regarding our safety regulations, camp policies and how you can start planning your retreat using our retreat leader’s checklist (page 3).

In order to make your retreat official, we’ll need the following forms included in this packet:

• Retreat Reservation Form
• Deposit (Non-refundable)
• Release of Liability Form
• Copy of Certificate of Liability Insurance (From Insurance Provider)

You can send completed copies of these to:

Camp Barnabas
Attn: Retreat Coordinator
901 Teas Trail
Purdy, MO 65734

You can also fax copies to 417-877-1300.

We look forward to working with you and sharing our retreat facilities with your group. The team here at Camp Barnabas will be praying for you and your group as you prepare for your retreat.

God Bless,

Matthew McDavid
Retreat Coordinator
matthew@campbarnabas.org
256-763-1632 (Cell)
1. Upon Receiving this Packet:
   - Fill in and email, fax, or mail your:
     - Retreat Reservation Form
     - Deposit (Non-Refundable)
     - Signed Release of Liability Form
     - A copy of your Certificate of Liability Insurance (Please obtain this from your insurance provider and have them send it to P.O. Box 3200 Springfield, MO 65808)
   *Your preferred retreat dates are not confirmed until we have all of the above information in hand and on file. When we receive the above items, we will send you a contract reflecting the estimated cost of your retreat and an Acceptance Packet with additional important information.

2. After You Receive Your Estimated Cost Contract:
   - Read, sign, and email, fax, or mail, a copy of the Contract back to Camp Barnabas.

3. One Month Prior to the Retreat:
   - Fill out and send in your Retreat Schedule and Facility Request.

4. One Week Prior to the Retreat:
   - Finalize your number of participants
   - Contact a Camp Barnabas Manager to finalize extra requests on site (audio visual equipment, bonfire, etc.)
   - Make sure you have a Medical Release Form for EACH participant.
   - Make sure you have Parental Consent Forms for EACH participant under 18.

5. Upon Arrival:
   - The group leader should check in with Camp Barnabas Retreat Coordinator.
   - Turn in all Medical Release Forms and Parental Consent Forms
   - Walk through facility with Retreat Coordinator.

6. Upon Checkout:
   - Walk through facility with Retreat Coordinator
   - Make final payment
   - Fill out reservation form for next year
We can accommodate a retreat of most any size; however, to reserve the entire Camp Barnabas facility for a private retreat, the minimum group billing size is 150 guests. If your group does not meet the 150 guest 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.

**Room & Activity Fee - $25 Per Guest Per Day**
The cost per day for using the facilities at Camp Barnabas is $25 per guest. This includes the use of all available activities excluding the Challenge Course, Rock Wall, Zip Line, and other programs which require additional staffing.

**Meals - $6 Per Guest Per Meal**
The cost for meals for the retreat is $6 per person, per meal. However, you are not required to have all meals with us and are more than welcome to have a meal in town or to bring some of your own food. Due to safety regulations, we cannot allow outside groups to cook in our facilities, but with prior approval we can allow some food to be stored in our refrigerators, as long as they are properly removed and cleaned upon leave.

**Additional Rates (If Applicable):**
- Rock Wall: $10 Per Person 2hr-min
- High Ropes: $10 Per Person 4hr-min
- Zip Line/Rappelling: $10 Per Person 4hr-min
- Paintball: $11 Per Person

**Barnabas Outfitters Store (On-Site Apparel & Shop)**
We have a newly renovated apparel store at camp that we’d love to open up during your stay, upon request! Shop the latest camp gear from hats, shirts to mugs and other fun camp goodies, it’s a stop you won’t want to miss. Please confirm with the Retreat Coordinator in advance if you would like access this fun feature during your retreat.
RETREAT RESERVATION FORM

Group Name:__________________________________________________________

Group Leader:__________________________________________________________ (Must be present during retreat)

EmailAddress:________________________________________________________________

Daytime Phone:________________________ Cell Phone:__________________________

Arrival Date and Time: __/__/___ at ___:___

Departure Date and Time: __/__/___ at ___:___

Approximate Group Numbers:
Children or youth groups are required to have at least 1 adult leader per cabin or lodge guest room. However, as a safety precaution, we recommend having 2 adult leaders per cabin or room.

Females:______ Female Leaders:______ Males:______ Male Leaders:______

Additional Program Numbers (If applicable):

Number of Guests Participating in Rock Wall:______ Zip Line:______

Number of meals needed:______

    First Meal Needed:________________________ (Date and Time)

    Last Meal Needed:________________________ (Date and Time)

* If any members of your group have special dietary restrictions or needs please notify the Retreat Coordinator as soon as possible. NOTE: We will make every effort to accommodate certain food allergies and dietary restrictions, but doing so is at the discretion of our Dietary Manager and requires an additional fee of $2 per person per meal for special food purchases. Individuals with extreme allergies are encouraged to bring their own food. In order for us to best accommodate food allergies or dietary restrictions, these needs must be communicated to the Retreat Coordinator no later than 2 weeks prior to the arrival date.

By signing the reservation reservation form you are agreeing to our policies and recognize our Camp Barnabas Statement of Faith. By signing, you agree that the purpose of your retreat or any session(s) within your retreat do not oppose these foundational beliefs of our organization. Camp Barnabas has the right at any time to cancel a retreat or session from a scheduled retreat if the topic, content, or purpose are in conflict with the Statement of Faith which support the mission and vision of Camp Barnabas.

Signature of Group Leader:___________________________________________ Date:_________________
CONSENT FORM FOR RETREAT GUESTS

*Parents must sign for those under 18 years old.

As the parent/legal guardian or retreat guest, I have read all of the policies concerning Camp Barnabas and understand and agree to follow and comply with the outlined policies and procedures and act in good faith for the welfare of the people involved. I understand that everyone who attends will be asked to participate fully in all activities and will be expected to abide by all the rules and policies 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.

I hereby, and for my heirs, executors, and administrators, assigns and all legal guardians, waive and release any and all rights and claims of 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 I or my child may suffer while taking part at Camp Barnabas or other activities associated with Camp Barnabas. I further understand and assume all risks associated with participating at Camp Barnabas.

I understand that Camp Barnabas is NOT responsible for the loss of clothing or personal property while at camp. I agree to be responsible for articles of clothing and personal property.

Camp Barnabas has my permission to use pictures taken of me or my child and quotes for fundraising and publicity purposes. 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.

Name of Retreat Guest:_____________________________________________________

Name of Parent or Legal Guardian (If Under 18):____________________________________

Signature:____________________________________________________________________

Retreat Date:_____________________________________________________________
MEDICAL RELEASE FORM

*This form should be filled out by everyone.

Full Name:________________________ Date of Birth:_______ Age:_____ Sex:_____
Permanent Address:________________________ City:__________________________
State:_____ Zip:__________ SSN:________________________________________

EMERGENCY CONTACT INFORMATION

Emergency Contact:____________________ Relationship:________________________
Phone #:___________________________ Alt. Number:___________________________
Insurance Company:________________________ Policy #:_________________________
Member Name:________________________________________________________________

MEDICAL INFORMATION

Allergies (If none, say so):____________________________________________________
Medication taken on a daily basis:_____________________________________________
List any Health Conditions:___________________________________________________
Date of Last Tetanus Shot:___/___/___
List any medical or food allergies:_____________________________________________

MEDICAL WAIVER

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 Retreat Leader to select a facility
to provide care to me or my child in case of an injury or illness. I give the Retreat Leader
permission to select a physician, approve the use of medication, X-rays, anesthesia and/or
hospitalize me or my child 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 me or my
child. However, if medical care is deemed necessary and the parent or emergency contact
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 me or my child.

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

Printed Name of Retreat Guest:_________________________________________________

Signature:________________________________________ Date:_____________________
Signature of Parent/Guardian:________________________________________ Date:____________________

(Parent or Legal Guardian must sign if under 18)
GROUP RELEASE OF LIABILITY

INSURANCE ENDORSEMENT
Camp Barnabas requires that each group attending Camp have an additional insured endorsement on their insurance policy and each group must send a Certificate of Insurance before they come to camp.

We require that the Rental Group’s liability insurance policy carry a minimum limit of $1,000,000. Please submit your Certificate of Insurance 30 days before you arrive.

Camp Barnabas does NOT assume responsibility for accidents or injuries that occur during retreats.

I have read the above information:

• I agree to pay the costs of renting the Camp Barnabas facility and extra costs that apply to our retreat.

• I have read and agree to uphold the policies and procedures as stated. I further understand that anyone in the group that does not abide by the policies may be asked to leave Camp Barnabas and no refund will be issued.

• I hereby, for my heirs, executors and administrators, assigns and all legal guardians, waive and release any and all rights and claims of 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. I further understand that I assume all risks associated with participating at Camp Barnabas.

Retreat Leader’s Name (Please Print):__________________________________________

Retreat Leader’s Signature:_________________________________ Date:____________
*The group leader is responsible for making sure that all participants are aware of Camp Barnabas’ policies and rules. The leader will be held responsible for any violation of the policies or property damage by any/all participants who do not follow the policies and rules.

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.
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 emergency. We prefer that the use of cell phones be limited to reduce distractions and encourage participation.
5. All vehicles are to be parked in designated parking areas only. No parking or driving off paved or gravel services.
6. All participants must have the appropriate forms submitted prior to arriving to Camp Barnabas: Medical Release Form (all participants), Minor Participation Form, Group Release of Liability.
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. Camp Barnabas recommends that all persons walking after dark use a flashlight.
10. Campfires are permitted with arrangements made through a Retreat Coordinator. A member of the Camp Barnabas staff must build and maintain the campfire.
11. Please help to conserve energy by turning off all lights and fans when not in use.
12. Food and drinks are not allowed in the cabins or sleeping quarters at any time. They attract unwanted insects, rodents and other pests.
13. 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.
14. No equipment (including beds, mattresses, chairs, tables, etc.) may be moved from any building at any time.
15. No kitchen or dining hall equipment may be removed for any reason at any time. This includes plates, cups, flatware, and cooking utensils.
16. Please report any lost or broken equipment immediately to a Retreat Coordinator.
17. In the event of fire or storm damage, machinery that ceases to function or power outage, contact a retreat Coordinator immediately.
18. Unchaperoned activities, including walks off of trails into pastures or woods, are strictly prohibited due to dangers that are present in nature.
19. No one is allowed to step below the Cross at Inspiration Point without being harnessed by Camp Barnabas Staff.
20. FOOD STORAGE: Upon arrival, Camp Barnabas staff assigns a place for snacks if your group brings their own. Food brought by guests must be in coolers or sealed containers. Camp Barnabas staff assigns a place for keeping these during your retreat.
STATEMENT OF FAITH

We believe God Almighty to be our creator and heavenly Father, and His Son Jesus Christ to be our Lord and Savior. We also believe the Holy Bible to be His inspired Word and, as such, is our final authority for faith and life.

We know God created everyone with purpose and ability, and we want to inspire all who come to Barnabas to recognize that. The Barnabas experience is about changing perspectives and redefining disability ministry.

We want to equip the next generation of leaders by providing youth with an unforgettable, immersive mission trip experience. This experience will allow them to truly encounter Jesus, and leave inspired in the way they love others.

OUR VALUES
1. Christ comes first, always.
2. We point people to Christ in everything we do.
3. We know God created everyone with purpose and ability.
4. We inspire people to realize their abilities.
5. We are leaders.
6. We exceed expectations.
7. We serve people.
8. We make our surroundings safe, we make people feel secure.

OUR MISSION
To change lives through disability ministry.

To learn more about Camp Barnabas visit www.campbarnabas.org.