



Minnesota District Council Assembly of God
1315 Portland Ave S
Minneapolis MN 55404
612-332-2400

RENTAL AGREEMENT

The Woods at Lake Placid
Pillager, MN

ORGANIZATION:

Church/Group & Event Name: _____ Today's Date: _____
Contact Person: _____
Email Address: _____ Phone Number: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Arrival Date: _____ Est. Arrival Time: _____ Departure Date: _____

EVENT TYPE: (check each category that applies)

Camp Day Seminar Overnight Retreat Other: _____
 Couples Men Women Singles Families Youth Adults

FACILITIES: (check ones requested)

Norm Klaassen Conference Center Bunkhouse Sleeping Quarters Blockhouse Sleeping Quarters
 The Scott Cabin Spirit Meadow Cabin Shower House
 Tent Camping RV Camping Covered Pavilion
 Little Critters Snack Shack (By special request only; to be staffed by camp personnel)

NOTES: _____

RESERVATION POLICIES

- A \$75.00 non-refundable Reservation Fee is required to hold your preferred dates and must accompany this returned, signed contract.
- Cancellations can be made up to thirty (30) days before your reservation without penalty. If you cancel within 30 days of your reservation, the Lessee will be responsible for 50% of rental contract charges unless a reschedule date can be agreed upon or The Woods at Lake Placid is able to arrange a replacement group for the cancellation dates.
- The Woods at Lake Placid has the right to void this contract if the lessee misrepresents itself or if any statements agreed upon in this contract are jeopardized in any way.
- The Reservation Fee will be deducted from the total bill, unless the facilities are not cleaned or damage has occurred.
- If the stoves and ovens are used, they must be cleaned or an additional \$100.00 cleaning fee will be added to your invoice.
- If the shower house is used, it must be cleaned or an additional \$100.00 cleaning fee will be added to your invoice.
- No firewood can be brought to camp unless DNR Certified. Firewood is available for purchase at camp.
- All fees and expenses incurred must be paid within thirty (30) days of invoice date or a \$25 late fee will be incurred per month past due.

Please visit our website (lakeplacid.camp) and contact the Minnesota District Office for current rates and availability.

Phone: 612-332-2400

Email: info@mnaog.org

CHECK IN // CHECK OUT TIMES AND FACILITY CARE

Check in time is no sooner than 12:00pm (Noon) and check out is 11:00am. These schedules must be followed unless prior arrangements are made with the Camp Representative. Applicant will provide a registrar to handle all registrations. Guests in all housing must bring their own bedding and towels. The group understands the Camp Director/Facility Director has final authority on all matters affecting the campground/campus, its facilities, and guests. The guests agree to pay damages to The Woods at Lake Placid for property use beyond normal wear caused by any member of said group.

GENERAL GUIDELINES

- The price quoted on the attached documents to this contract is based on accommodations and facility usage. Additional charges may arise for extra requests.
- **The use of alcohol and unprescribed drugs (controlled substances) is strictly prohibited on the grounds.**
- Minnesota state law prohibits smoking in buildings. Violations will be cause for immediate dismissal without refund of contractual obligation.
- The Camp Director/Facility Director must approve the use of waterfront and related equipment. All children on the waterfront must have adult supervision. All occupants in boats, canoes, etc. must wear approved life jackets.
- All guests are required to wear modest swimwear.
- Guest groups must provide at least one adult supervisor for every ten school-age participants.

RELEASE OF LIABILITY

The undersigned Lessee, in consideration of the rental of facilities and equipment of The Woods at Lake Placid, releases the Lessor of liability from or arising out of the use of the leased premise, including but not limited to, swimming, Waterfront activities, outdoor water sports, canoeing, boating, fishing, indoor and outdoor sports, nature trail use, football, baseball, softball, obstacle course, playground, showers and bath facilities, and all other necessary or related equipment in connection therewith. The Lessee agrees to be responsible for any and all damages caused by any member of the group. The Lessor shall not be required to provide a lifeguard for the waterfront nor shall the Lessor be required to provide supervision for any recreational activities, facilities or equipment engaged in or used by the Lessee. The members of the Lessee's group and Lessee agree to provide its own supervision for the group under control of the Lessee.

The Lessee, and all members of the Lessee's group, shall be permitted to use all such recreational facilities and equipment on or about the facilities with the knowledge, understanding, and agreement that the Lessor shall be exempt from liability for injuries to any person or property on or about such facilities and the Lessee, and members of the Lessee's group, hereby releases the Lessor from any and all liabilities for damages which may be sustained or incurred by the Lessee, or Lessee's group. The Lessee or member of the Lessee's group, further agree not to file a lawsuit against the Lessor at any time for or on account of any claim for personal injuries, death or property loss, arising or resulting from the use of any facilities or equipment on or about the leased premises.

SIGNATURE OF ACCEPTANCE

Pages 1 & 2 of this application need to be completed and returned to the Minnesota District Council (1315 Portland Ave S, Minneapolis, MN 55404). A representative of the Minnesota District Council will then sign and return a copy of the agreement to the group upon approval. This application does not constitute a commitment by The Woods at Lake Placid until such written approval has been extended.

As a contact person, I understand and accept the conditions of this contract on behalf of the user group. I accept responsibility for explaining the fees to the participants and seeing The Woods at Lake Placid receives full payment. I have copies of all pages of this agreement and accept the conditions listed.

LESSEE	LESSOR
Organization: _____	Minnesota District Council Assemblies of God
Name (Printed): _____	Name (Printed): _____
Signature: _____	Signature: _____
Title/Role: _____	Title/Role: _____
Date: _____	Date: _____

FOR OFFICE USE ONLY		
Date: _____	Check Number: _____	Amount: _____

FACILITY CHECKLIST

Instructions: Do not send this form in with registration—bring it with you. Complete Part I upon arrival. This will be your account if something is out of order and you will not be held responsible. Please bring it to the attention of the Camp Representative immediately. Before leaving, please make sure the facilities are clean and in good/working order – use the checklist below. Complete Part II when leaving. Please sign this form and give it to the Camp Representative. If the Camp Representative is not available, please place form in sight on the kitchen counter. Thank you.

PART I:

Note anything out of order upon arrival here:

PART II: Please follow the checklist below and inspect the facility.

Departure Checklist:

- Everything is swept cleaned and mopped; rugs are vacuumed
- Furniture is returned to the location found
- All personal items (clothes, gear, toiletries, etc.) have been removed and taken home
- All messes, spills, etc. have been cleaned up
- All food has been put away or properly disposed of. Trash must be bagged and disposed of in the dumpster
- All kitchen appliances, dishware, and equipment are cleaned and returned to the location found
- Bathrooms and/or shower areas have been cleaned and wiped down
- All outdoor bathrooms have been swept out if used
- All grounds have been picked up
- All outdoor equipment or materials have been returned to original sites
- All small appliances have been turned off
- Fireplace is shut off
- All lights are turned off upon exiting
- All windows and doors are closed and locked

In the box below, note anything which will require the Camp Representative's attention. Once complete, sign and date this form.

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NAME

DATE

PHONE NUMBER
