



H.E. BUTT
FOUNDATION CAMP

Dear Group Leader:

We are delighted that you have booked the use of our facilities for your camping program. Every year, God uses H. E. Butt Foundation Camp to touch the lives of thousands of people. The H. E. Butt Family Foundation staff is pleased and grateful to be partners with you and to have a small part in God's work in the Canyon.

We offer our facilities for your use at no charge. We ask that each group adhere to a high standard of care and stewardship of the facilities provided to them so that the dream of Mr. and Mrs. Howard Butt, Sr., can live on for generations to come.

Guidelines for use of H. E. Butt Foundation Camp can be found on our website at **foundationcamps.org/apply** (select "camp guidelines").

This document contains a lot of important information regarding use of our facilities, and it will answer many of your questions about coming to camp.

Please take some time to read through the enclosed material. I am more than happy to answer any questions you may have during the planning process; do not hesitate to contact me for any reason.

Blessings,

Ann Jack
Registrar, H. E. Butt Foundation Camp
ajack@foundationcamps.org
830-315-9333

Reservation Form

Please return your completed reservation packet, including insurance and medical/lifeguard certificates to Ann Jack two weeks prior to your retreat date.

Campsite Assigned _____

Check-in (must be after 4:00 p.m.)

Check-out (must be by 12 noon)

Date _____

Date _____

Day _____

Day _____

Time _____

Time _____

Legal name of Church, School, or Parent Organization _____

Phone (_____) _____ Website _____

Address _____ City _____

State _____ Zip _____

Name of Group Leader _____

Email _____

Home phone (_____) _____

Work phone (_____) _____

Mobile phone (_____) _____

I have read the guidelines for use of the H. E. Butt Foundation Camp and agree that we will comply with them.

Signature of person in charge of retreat _____

Date _____

Reservation Form *(continued)*

Emergency Contact (a person not attending the retreat):

Name _____ Email _____

Home phone (_____) _____

Work phone (_____) _____

Mobile phone (_____) _____

Expected Number of Guests:

In order for us to honor our mission and be good stewards on behalf of our contributors, it is helpful for us to track the number of guests served by the H. E. Butt Foundation Camp program, including the percentage of attending campers who would not otherwise be able to afford such an experience.

Campers _____

Staff _____

Number of First Time Campers _____

Total _____

Elementary (0-11 years) _____ male _____ female

Secondary (12-18 years) _____ male _____ female

College (19-24 years) _____ male _____ female

Adults (25-55 years) _____

Seniors (55+ years) _____

Number of Individual Families _____

Percentage of attending campers who not otherwise be able to afford such an experience _____

NOTE: Please remember to submit the Certificate of Insurance for your group's Commercial General Liability Insurance policy, which must specifically name H.E. Butt Foundation Camp as an Additional Insured with minimum coverage of \$1 million per occurrence.

Indemnity Agreement

This form must be signed by your group's leader.

The Undersigned voluntarily and knowingly signs this Agreement in consideration for The H. E. Butt Family Foundation (Foundation) allowing the Undersigned to enter upon its property and participate in various activities and services provided by Foundation. The Undersigned acknowledges that this Agreement is a binding legal document and that the Undersigned has had the opportunity to seek advice from a professional of Undersigned's choice. The Undersigned does not rely on any legal advice or representation from or by the Foundation or its agents.

The term "Undersigned" will mean that person with legal authority to waive and release the rights and remedies of the individuals entering on the Foundation's property and participating in any activities, or receiving the any service provided by the Foundation or its Agents. The term "Foundation" means The H. E. Butt Family Foundation, any of its related entities and any of their respective agents.

The Undersigned agrees to protect, defend, indemnify, and save The H. E. Butt Family Foundation, its members, trustees, officers, employees, agents, and representatives (the Foundation) harmless from and against any and all claims, demands, causes of action of every kind and character, losses, costs, expenses (including attorneys' fees), and damages of every kind and character, without limit and without regard to the cause or causes thereof, or the negligence of any party or parties, including the negligence of the foundation whether such negligence be sole, joint, or concurrent for injury, illness, or death of any person or damage to any property arising out of activities of or in connection with the use of The H. E. Butt Family Foundation camp facilities located near Leakey, Texas, by Permittee, its trustees, directors, officers, pastors, members, employees, guests, campers, and any other person associated therewith.

It is the express intention of the parties hereto, both the Foundation and the Undersigned, that under the indemnity provided by the immediately preceding paragraph, the Undersigned shall indemnify and protect the Foundation from the consequence of the Foundation's real or alleged negligence.

The Undersigned agrees that this Agreement will be governed by the Laws of Texas and by no other jurisdiction whatsoever. Also, the Undersigned waives any jurisdiction and venue other than a Texas State District Court in Kerr County, Texas.

H. E. Butt Family Foundation Camps Guidelines:

We, (the Permittee), understand and agree to comply with the Camping Guidelines of the H. E. Butt Family Foundation Camps for the use of their facilities as explained online (**foundationcamps.org/apply**, select "camp guidelines").

The Undersigned will not consume alcohol, controlled substances or misuse prescription drugs while on Foundation property or while participating in activities or services provided by Foundation.

Texas Department Of Health Requirements:

We, (the Permittee), agree to comply with the requirements of the Texas Department of Health as listed in the Camping Guidelines and explained online: **<http://www.dshs.state.tx.us/youthcamp/>**

Signature of Pastor/President/CEO/Business Administrator

Date

Printed Name

Title

Texas Youth Camp Classification

Questionnaire

Use the following questionnaire to determine if your program is classified as a Youth Camp under the Texas law:

- | | | |
|--|---|---|
| 1. Will your group camp accommodate at least five children under the age of 18? | Y | N |
| 2. Will the children be apart from their parents or legal guardians? | Y | N |
| 3. Will your camp stay include all or part of four consecutive days? | Y | N |
| 4. Will your camp be operated by an organization other than an institution of higher learning? | Y | N |
| 5. Will your camp take place during a school vacation period? | Y | N |
| 6. Is your group licensed by an organization other than the Texas Department of Family and Protective Services? (Choose "N" only if your group is licensed by TX Department of Family Protective Services) | Y | N |

If you marked Y to all of the above questions, your program is classified as a Youth Camp under Texas law. You will need to familiarize yourself with the Texas Youth Camp Safety and Health Act as found at <http://www.dshs.state.tx.us/youthcamp/rules.shtm>.

Youth Camp Requirements

If your group is classified as a Youth Camp under Texas law, you will need to submit the following documentation:

- Documentation of completion of Criminal Conviction and Sex Offender Background Check for each adult (including staff and volunteers) that will be attending. See *Staff Certification Register*.
- Documentation of completion of Sexual Abuse Awareness Training and Exam for each adult (including staff and volunteers) that will be attending. See *Staff Certification Register*.

Staff Certification Register

Group Name _____

Name of Group Leader _____

Please complete the following table. Shaded areas need to be completed by Youth Camp designers only. Attach additional pages as needed.

All adults attending a camp as staff, volunteer, employees, chaperones, or other adult guests must have a criminal background check and complete Sexual Abuse & Child Molestation Awareness training such as the Youth Protection Training offered for free online by Boy Scouts of America at **www.scouting.org**.

Name <i>(All staff, Volunteers, Employees, and other adult guests)</i>	Position of Camp Duties	Gender M/F	Date License Expires	Date of Sexual Abuse & Child Molestation Awareness training	Date of criminal background check and sex offender status
	Medical Staff <i>(please include copy of license)</i>				
	Medical Staff <i>(please include copy of license)</i>				
	Lifeguard <i>(please include copy of certification)</i>				
	Lifeguard <i>(please include copy of certification)</i>				
	Group Leader				
	Add rows as needed				

As the Group Leader, I hereby attest to the fact that the staff, employees, volunteers, and any others working at the above named event have met the standards to serve in their capacities as required by law.

Signature of Group Leader _____

Date _____

Program Schedule

Please attach a copy of your group's Program Schedule. See following page for a sample schedule.

If you have a guest speaker or any other outside program support people who will be conducting any portion of the retreat, please list the name of the person(s) or organization and the subject of the program or activity they will provide.

Name _____ Organization _____

Type of program or activity _____

Name _____ Organization _____

Type of program or activity _____

Name _____ Organization _____

Type of program or activity _____

Name _____ Organization _____

Type of program or activity _____

Program Schedule

Suggested Program Schedule

Day 1

Arrive and unpack
Orientation
Evening meal
Roundup
Night activities

Day 2

Morning time
Breakfast
First Activity
Second Activity
Lunch
Group time
Rest
Dinner
Roundup
Night activities

Day 3

Morning time
Breakfast
First Activity
Second Activity
Lunch
Group time
Rest
Dinner
Roundup
Night activities

Day 4

Morning time
Breakfast
Cabin cleanup
Departure inspection

Program Schedule

Suggested Program Schedule

Day 1

- Arrive and unpack
- Orientation
- Evening meal
- Roundup
- Night activities

Day 2

- Morning time
- Breakfast
- First Activity
- Second Activity
- Lunch
- Group time
- Rest
- Dinner
- Roundup
- Night activities

Day 3

- Morning time
- Breakfast
- First Activity
- Second Activity
- Lunch
- Group time
- Rest
- Dinner
- Roundup
- Night activities

Day 4

- Morning time
- Breakfast
- Cabin cleanup
- Departure inspection