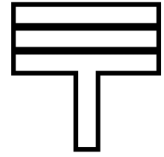




BOY SCOUTS
OF AMERICA
SOUTH PLAINS COUNCIL

Non-Scout Camp Post Reservation Form



Date Reservation Made:	Organization Name:
Contact Person:	Address:
	City/State/Zip:
Phone:	Email:

This is an application for the above-named Organization/Group to use certain camps, facilities, or other property. Upon acceptance by the **South Plains Council**, it shall be a binding agreement and subject to the attached Terms, Rules, and Regulations for Non-Scout Use of Scout Camps/Facilities. Organization/Group must provide a Certificate of Insurance name the **South Plains Council** and **Boy Scouts of America** as an "Additional insured". Current requirements are listed herein. This is a Scout camp and is used first and foremost by members of the Boy Scouts of America. **The certificate must be provided within at least 15 days of application.**

Total # of Participants: Male: _____ Female: _____	Total # Youth: M _____ F _____	Total # Adults: M _____ F _____
	Arrival Date/Time: _____	
Departure Date/Time: _____		

Facility Rental	Fees
Day Rate (see reverse) Includes Camp site if staying overnight Camp site: _____	
Bunkhouse 1 (\$50/night) Two open units that sleep 10 one side, 20 on other	
Bunkhouse 2 (\$50/night) 4 Rooms that sleep 4 each, 1 room sleeps 2	
Dining Hall w/ Kitchen (\$150/day)	
Mallet Building (\$30/Day) 2 restrooms, water, electricity, & shutter doors	
Nateco (\$20/Day) Fireplace, Electricity, A/C, water, no bathrooms	
Pool (\$200/day)	
Other, please specify: _____ _____	
Total Fees:	

Insurance Requirements for Non-Scouting Groups/Organizations

Upon receipt of the completed documents from the Organization/Group and before the activity starts, the renter must submit a "Certificate of Insurance" providing for insurance coverage as described below and must name the Boy Scouts of America as **additionally insured**. See sample certificate of insurance attached.

The minimum insurance coverage necessary is as follows:

- General Liability:

General Aggregate Limit:	\$2,000,000
Products & Completed Operations Aggregate:	\$1,000,000
Personal & Advertising Injury Limit:	\$1,000,000
Each Occurrence Limit:	\$2,000,000
Medical Expense Limit:	\$5,000
- Automobile Liability \$2,000,000
(If Org/Group has owned vehicles on council property)
- Workers Compensation & Employers Liability:
(If Org/Group has paid employees on council property)

If this application is granted, the responsible party and the organization which (s)he represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons therein during the period of such use whether said damages or personal injury is caused by the employees of **South Plains Council** or otherwise. A full responsibility of the regulations stipulated as part of this application form.

- Certificate of Insurance is on file Exp. Date _____
- Certificate of Insurance is needed Initials _____

Fee Structure for Non-scouting groups

1-49 Campers	\$10/day per camper	Excludes daily facility rental
50-99 Campers	\$500/day	Includes dining hall, bunkhouses
100-149 Campers	\$1000/day	Includes all facilities*, except pool
150+ Campers	\$1500/day	Includes all facilities*

*Shooting sports facilities are not included in pricing, please contact Council office for more information (806) 747-2631.

Facilities Which Require Certifications:

Shooting Sports Facilities: BB gun, rifle, shotgun, and/or archery ranges may be used. The group must provide a BSA certified and Council-approved Range Instructors, or provide at least 30 days notice for a Council provided range instructor. The certified Range Instructor must bring current proof of their certification with them when they come to camp. Targets are provided, but ammunition should be brought.

Swimming Pool: Swimming pool reservations include a BSA certified life guard included in the cost of use. Please provide at least 30 days notice for any pool reservation.

Guidelines for Off Season Camping at Camp Post

1. Check in immediately upon arrival at camp. The Ranger will direct you to the Campmaster or your camping site. Before you leave camp, you must check out with the Ranger or the Campmaster. Call Camp Ranger, Michael Cole, on arrival (806) 252-8182.
2. Reservations for camping at Camp Post can only be made at the Lott Service Center, 30 Briercroft Office Park in Lubbock. Reservations must be made at least two weeks prior to the start of the event.
3. Reservations must be paid prior to camp visit. A reservation is tentative until the camp fee is paid in full. Tentative reservations can be replaced or removed by the South Plains Council at any time.
4. Refund policy—Full refunds will be available if the roads are closed due to weather. Cancellations made 14 days prior are refundable minus a \$10 service fee. Groups that do not attend camp on their reserved date and do not cancel their reservation 14 days prior to reserved date will not be refunded.
5. You may request specific campsites and lodges, but requests will be filled on a first come, first served basis and availability. The Camping Department and Ranger ultimately decide on campsite and facility assignment. Refunds will not be issued for groups that do not receive specific requests.
6. Groups coming to camp must provide adequate adult leadership (at least two adults) and must adhere to the guidelines set forth in the Guide to Safe Scouting and Barriers to Abuse.
7. In case of emergency, contact the Ranger for **ALL** emergencies. The Ranger is our first responder.
8. Open fires are not permitted in Garza County due to an ongoing burn ban. Cooking may be done on liquid fueled stoves (propane or white gas).
9. Latrines and picnic tables are available at the campsites. Water is available in the campsite unless otherwise stated.
10. Low impact camping is encouraged. You must pack out everything that you bring to camp, including trash. All vehicles are to remain in designated parking areas. No vehicles will be allowed outside these areas unless permitted by the camp ranger.
11. No pets, fireworks, firearms, illegal drugs, or alcoholic beverages are allowed at camp at any time. There is no smoking allowed around youth or in the buildings or tents.

Camping accommodations:

Tenting

- Separate tenting arrangements must be provided for male and female adults as well as male and female youth.
- Youth sharing tents must be no more than two years apart in age.
- In Cub Scouting, parents/guardians may share a tent with family.
- In all other programs, youth and adults tent separately.
- Spouses may share tents.

Whenever possible, separate cabins or lodging should be provided for male and female adults as well as for male and female youth. Where separate accommodations cannot be provided due to group size or limited availability, modifications may be made. Where completely separate accommodations are not available, additional supervision is required.

Lodging/Cabin Accommodations:

- If adults and youth of the same gender occupy single-room accommodations, there must be a minimum of two adults and four youth, with all adults being Youth Protection trained.
- Physical separation by other means, including temporary barriers or space, should be used only when no other arrangements are possible.
- These modifications are limited to single-gender accommodations.

RELEASE AND WAIVER OF LIABILITY

The individual named below, the organization/group named below, and each participating person in said organization/group ("We" or "us") desire to enter and use the real property owned by _____ ("Owner"), known as _____, located at _____ ("Property"). In consideration of being permitted by the Owner to enter and use the Property, and in recognition of the Owner's reliance hereon, I, for myself, as authorized agent of the organization/group, and as attorney-in-fact for each participating person in said organization/group agree to the following terms and conditions:

1. WE ARE AWARE AND UNDERSTAND THAT ACCESSING THE PROPERTY MAY INVOLVE THE RISK OF SERIOUS INJURY, DISABILITY, DEATH, AND/OR PROPERTY DAMAGE. WE ACKNOWLEDGE THAT ANY INJURIES THAT ANY OF US SUSTAIN MAY RESULT FROM OR BE COMPOUNDED BY THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE OWNER, INCLUDING NEGLIGENT EMERGENCY RESPONSE OR RESCUE OPERATIONS OF THE OWNER. NOTWITHSTANDING THE RISK, WE ACKNOWLEDGE THAT WE ARE VOLUNTARILY ACCESSING THE PROPERTY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DISABILITY, DEATH, AND/OR PROPERTY DAMAGE ARISING THEREFROM, WHETHER CAUSED BY THE ORDINARY NEGLIGENCE OF THE OWNER OR ANY RELEASEE OR OTHERWISE.

2. We hereby expressly waive and release any and all claims, now or hereafter known, against the Owner, _____, Boy Scouts of America, and their respective officers, directors, employees, agents, affiliates, successors, and assigns (collectively, "Releasees"), on account of injury, disability, death, or property damage arising out of or attributable to our being on or using the Property, whether arising out of the ordinary negligence of the Owner or any Releasees or otherwise. We covenant not to make or bring any such claim against the Owner or any other Releasee, and forever release and discharge the Owner and all other Releasees from liability under such claims.

3. We shall defend, indemnify, and hold harmless the Owner and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, the costs of enforcing any right to indemnification hereunder, and the cost of pursuing any insurance providers, incurred by the Owner or any other Releasees arising out of or resulting from any claim of a third party related to our being on the Property.

4. We have read, understand, and agree to comply with those certain Rules, Terms & Conditions for Non-Scout Group Use of Scout Camps/Facilities that have been provided to us. We agree that we will follow all instructions of any onsite property manager or other representative or agent of the Owner while on the Property.

5. If any term or provision of this Release is invalid, illegal, or unenforceable, such invalidity, illegality, or unenforceability shall not affect any other term or provision herein.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE BSA.

SIGNED: _____

INDIVIDUAL NAME: _____

ORGANIZATION/GROUP NAME: _____

DATE: _____

Rules, Terms & Conditions for Non-Scout Group Use of Scout Camps/Facilities

1. The Application for Non-Scout Use of Council Property ("Application") must be filled out and submitted to the Council ("Council") prior to the date of the use of any camp or facility, along with a certificate of insurance and an executed Release and Waiver of Liability, and an approved copy of the Application will be returned as your authority to use the camp or facility.
2. The Council grants use to the organization/group ("Organization/Group") identified in the Application for the facilities and/or spaces identified in the Application and for the dates and times stated in the Application.
3. The Organization/Group shall pay the Council the Use Fee stated in the Application.
4. The Organization/Group agrees that the group will abide by these Rules, Terms & Conditions and any additional instructions of the camp Ranger and/or a Council-designated camp/local council management team member.
5. The Organization/Group agrees to provide at least one adult leader (defined as 21 years of age or older) for every ten (10) members of its group below the age of 21 years; at least one of the said leaders must be present with the group at all times while at the facilities or in camp.
6. While Scouting makes every effort to accommodate all persons with disabilities, the Boy Scouts of America is a charitable, private organization not subject to the ADA, and any group who uses the facilities or camps is responsible for ADA compliance and any accommodations necessary for its participants and attendees.
7. All activities should be conducted on a smoke-free basis. Smoking or tobacco use in any part of the Council facilities and/or camp is prohibited, including controlled substances and/or illegal drugs are not permitted at any Council facility or camp property. This includes the use of electronic cigarettes, personal vaporizers, or electronic nicotine delivery systems that simulate tobacco smoking.
8. This application does not permit use of any machine, apparatus, equipment, or tools owned by the Council except as specified in the Application.
9. Organization/Group shall confer with the appropriate Council staff to obtain permission to bring materials to rented spaces. The local council assumes no responsibility for damage to property of others.
10. All laws regarding public assemblies must be strictly followed.
11. The Organization/Group shall make no alterations to and shall keep all facilities, spaces, and/or other Council property in good repair. All facilities, spaces, and/or other Council property used by the Organization/Group will be examined carefully after use, and the Organization/Group agrees to leave same in clean condition, and promptly make good for any loss or damage occurring during use of said area, normal wear and tear accepted. If there is any reason to believe that the use may involve damage beyond that of ordinary wear and tear, the Organization/Group pay the Council for such damage.
12. Any decorations, or equipment of the Organization/Group must be promptly removed after the use so as not to interfere with the Scout or other activities. If there is a delay, the removal will be made by the Council at the expense of the Organization/Group.
13. On expiration of the time of use identified in the Application, the Organization/Group shall vacate all facilities, spaces, and other Council property and return same to the Council.

I, _____, hereby acknowledge that I am the authorized agent and responsible party responsible for the use Organization/Group. I further acknowledge that I have reviewed and understand the rules and regulations contained herein and agree to comply with all. I understand that failure to comply with the aforementioned rules will jeopardize the Organization/Group's future opportunities to use the local council facilities and/or camps.

Signature of the Organization/Group's Responsible Party

Date

Print Name

Responsible Party's Position/Job Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
JUNE 2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency, LLC company Walnut Hill Lane, Dallas TX 71234	CONTACT NAME: PHONE: XXX-770-XXXX (A/C, No, Ext): E-MAIL ADDRESS:	FAX: XXX-770-XXXX (A/C, No):																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A</td> <td>Insurance Company</td> <td>24147</td> </tr> <tr> <td>INSURER B</td> <td>Insurance Company</td> <td>24147</td> </tr> <tr> <td>INSURER C</td> <td></td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> <td></td> </tr> <tr> <td>INSURER F</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A	Insurance Company	24147	INSURER B	Insurance Company	24147	INSURER C			INSURER D			INSURER E			INSURER F	
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INSURED XYZ Youth School 123 Main St Anytown USA 12345																						

COVERAGES

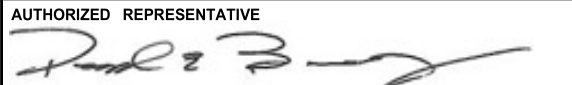
CERTIFICATE NUMBER: 1341964543

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ABCD312833	3/1/2022	3/1/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULE D AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS- <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			DCBA312832	3/1/2022	3/1/2023	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
National council and all local councils are named as an additional insured for our rental of camp facilities of the Fun Scout Council for June 1 through June 12, 20xx. This insurance is primary and non-contributory. Waiver of Subrogation is included in favor of the certificate holder.

CERTIFICATE HOLDER Fun Scout Council Boy Scouts of America 123 Scout Way Scouttown, USA 10000	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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