

Non Scout Group

Use of L.E. Phillips Scout Reservation

Reservation Form

Group Name/Organization _____

Adult Contact Name _____

Address _____

City _____ State _____ Zip _____

Telephone: Business (____) _____ Home (____) _____

Fax # (____) _____ Email _____

Dates Requested for use:

Date to Arrive _____ Time Arriving _____

Date Leaving _____ Time Leaving _____

Participating: Youth _____ Adult _____

Attachments accompanying this form:

- ★ Signed Hold-Harmless Agreement (agreement provided)
- ★ General liability certificate of insurance naming the Chippewa Valley Council as additionally insured and the limits of liability are at least \$1,000,000 combined single limit
- ★ Check for rental fees

Facilities Requested

Facilities: (Check those requested)

- | | |
|--|--|
| <input type="checkbox"/> Baden Powell (sleeps 20) | \$125.00 daily x # _____ of days = _____ |
| <input type="checkbox"/> Yukon (sleeps 20) | \$125.00 daily x # _____ of days = _____ |
| <input type="checkbox"/> Polar Bear (sleeps 38) | \$125.00 daily x # _____ of days = _____ |
| <input type="checkbox"/> Sour Dough (sleeps 20) | \$125.00 daily x # _____ of days = _____ |
| <input type="checkbox"/> Fort Rice (sleeps 40) | \$175.00 daily x # _____ of days = _____ |
| <input type="checkbox"/> Dining Hall (holds 200 people) | \$125.00 daily x # _____ of days = _____ |
| <input type="checkbox"/> Chapel (holds 150 people) | \$50.00 daily x # _____ of days = _____ |
| <input type="checkbox"/> Amphitheater (holds 200 people) | \$50.00 daily x # _____ of days = _____ |

(Over)

COPE Program:

- Low COPE (8 participants min) \$20.00/person x _____ participants = _____
- Climbing Tower \$25.00/person x _____ participants = _____
- High COPE (8 participants min) \$30.00/person x _____ participants = _____

Equipment:

- Tents (2 people per tent) # needed _____ x \$8.00 = _____
- Canoes # needed _____ x \$16.00 = _____
- Canoe Trailer # needed _____ x \$20.00 = _____
- Cots # needed _____ x \$5.00 = _____

Total Dollars Enclosed \$ _____
 (Make check payable to Chippewa Valley Council)

General rules must be followed:

- ★ Any damage done by the group to any property or facilities at the L.E. Phillips Scout Reservation must be paid for by the renting party.
- ★ Absolutely no liquor, non-prescription drugs, firearms or smoking are allowed on BSA property at any time.
- ★ Groups bringing youth on the property must have one adult over 21 years of age for every 10 youth members of the party present in camp below the age of 21 years old. Adults must be present during the time the youth are present at the L.E. Phillips Scout Reservation.

 Organization

By _____
 Signature Print Name

Title _____ Date _____

This form must be returned with all required paperwork and fees two weeks prior to use.
 Return forms to: Chippewa Valley Council
 710 S. Hastings Way
 Eau Claire, WI 54701

ORGANIZATIONAL HOLD HARMLESS AND INDEMNITY AGREEMENT
(Must be returned with reservation form)

_____ shall indemnify, hold free and harmless,
(Organization)
assume liability for, and defend the Chippewa Valley Council Boy Scouts of America,
and the National Council Boy Scouts of America, its chartered affiliates, agents, servants,
employees, officers, and directors from any and all costs and expenses including but not
limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and
all other sums which the Chippewa Valley Council Boy Scouts of America, and the
National Council Boy Scouts of America, its chartered affiliates, agents, servants,
employees, officers, and directors may pay or become obligated to pay on account of any,
all and every demand for claim or assertion of liability, or any claim or action founded
thereon, arising or alleged to have arisen out of _____
(Organization)
use of real or personal property belonging to the Chippewa Valley Council Boy Scouts of
America, and the National Council Boy Scouts of America, its chartered affiliates,
agents, servants, employees, officers, and directors, or by any action or omission by
_____, its members, agents, servants, employees,
(Organization)
officers, or directors.

Property and period to be used:

L.E. Phillips Scout Reservation
Date(s) of use
From _____ To _____

Organization

By _____
(Signature)

Title _____

Date _____

**RELEASE and
HOLD-HARMLESS/RELEASE AGREEMENT
FOR INDIVIDUALS**

I understand that use of the camp facilities on _____ owned by Chippewa
(Date)
Valley Council, BSA, involve a certain degree of risk that could result in injury or death.

In consideration of the benefits to be derived and after carefully considering the risk
involved and in view of the fact that the Boy Scouts of America is a not-for-profit
organization, I hereby release and hold-harmless and waive all claims I may have against
Boy Scouts of America, Chippewa Valley Council, BSA, activity coordinator(s), all
employees, volunteers, or sponsors associated with the _____.
(Activity)

Signature

Date

If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

Parent/Guardian

**PARENTAL INFORMED CONSENT AND
HOLD-HARMLESS/RELEASE AGREEMENT**

I understand that participation in the _____ offered through the
(Activity)
Chippewa Valley Council, BSA, on _____ involves a certain degree of risk
(Date)
that could result in injury or death. In consideration of the benefits to be derived and after
carefully considering the risk involved, and in view of the fact that the Boy Scouts of
America is an organization in which membership is voluntary, and having full confidence
that precautions will be taken to ensure the safety and well-being of my (son/daughter), I
have given _____ (son/daughter) my consent to
(Name)
participate in _____, and waive all claims I may have against
(Activity)
Boy Scouts of America, Chippewa Valley Council, activity coordinator(s), all employees,
volunteers, or sponsors associated with the _____.
(Activity)

In case of emergency, I understand every effort will be made to contact me. In the event I
cannot be reached, I hereby give my permission to the physician selected by the adult
leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery,
or injections of medication for my child.

This form must have both parent/guardian signatures.

Signature

Signature

Date

Date