



## FACILITY AGREEMENT

Date: \_\_\_\_\_

Name of Organization/Group: \_\_\_\_\_

In consideration of the use of the Mount Traber Bible Camp (MTBC) facility on \_\_\_\_\_,  
we agree to the following terms...

1. A non-refundable deposit of \_\_\_\_\_ is attached to secure our booking date. This deposit will be deducted from the final amount.
2. There will be the same charge for each person in attendance, regardless of whether they are a leader, participant or resource person.
3. Our booking of the MTBC facility will expire at \_\_\_\_\_ o'clock p.m. on \_\_\_\_\_ and we agree that our guests and their belongings will have left the premises by that time.
4. We will comply with the directions of MTBC staff at all times while on the premises. MTBC will endeavor to ensure that multiple users of the MTBC facility do not conflict with one another.
5. All guests must be consistent with the published facility policies while on the premises. These may be viewed at the facility, online at our website [www.mountraber.org](http://www.mountraber.org) or given to your group leader in advance.
6. Smoking or use of alcoholic beverages or illicit non-prescription drugs on the premises is not permitted. We will not bring any substances, which are environmentally hazardous, or a health risk to any person.
7. We will communicate the requirements of this agreement to our members and guests who will be attending the facility.
8. The MTBC facility is a combination outdoor and indoor environment. The use of such a facility has inherent risks. We agree that our activities at the premises will be risk-controlled by us and we agree to indemnify MTBC from any claims arising from our use of the facility.
9. Any damage to the premises by our guests or us will be repaired at our cost and added to your final invoice.
10. MTBC has the right to reject any booking without giving reasons.
11. The Rental Policies and Retreat Checklist are incorporated into this agreement.
12. Any breach of this agreement will entitle MTBC to terminate your use of the facility without refund.

Signature of Authorized Person: \_\_\_\_\_

Print Name and contact details: \_\_\_\_\_

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