

Tamarack Camps Outdoor Education Program
 6735 Telegraph Rd Ste 380
 Bloomfield Hills, MI 48301-3179
 248-627-2821

Day Group (\$250 deposit required)
 Overnight Group (\$500 deposit required)
 Offsite Group (\$250 deposit required)

Contact Information

Organization:	Group:		
Address:	City:	State:	Zip:
Billing Address:	City:	State:	Zip:
Billing Contact:	Email:		
Phone #:	Alternate Phone/Fax #:		
School District:	Website:		

Group Information

Group Leader:	Phone #:	Email:
Date(s) requested:	Arrival time:	Departure time:
# Teachers:	# Chaperones:	# Participants:
Age/grade of participants:	Transportation:	<input type="checkbox"/> Busses <input type="checkbox"/> Individual Vehicles <input type="checkbox"/> Both

Program Information

Please choose your areas of interest and write-in specific programs on designated lines (refer to the current curriculum guide for a complete program list):

Adventure Challenge _____

Environmental Education _____

Smoklerville/Pioneer Skills
 Hayride
 Canoeing/Waterfront

Meal Information

First Prepared Meal _____ Last Prepared Meal _____

Date->							
Day->	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Snack							

Does anyone have special dietary needs / food allergies of which we should be aware?

YES NO

If yes, please explain:

Additional Information

Does anyone in your group have physical injuries, limitations, disabilities or behavioral/emotional issues of which we should be aware?

YES NO

If yes, please explain:

Does your group request the use of any specific buildings or facilities?

YES NO

If yes, please explain:

Does your group request the use of any amenities such as extra tables, chairs, easel, VCR, DVD player, sports equipment, campfire wood etc.?

YES NO

If yes, please explain:

TERMS & CONDITIONS (Please retain a copy for your records)

I, as an authorized person to sign and enter into contracts on behalf of my group or organization, understand, acknowledge, and agree as follows:

- BOOKING:** A \$250 deposit and completed application are due upon booking a day or an offsite group. A \$500 deposit and completed application are due upon booking a residential group. **PLEASE NOTE:** Dates cannot officially be held unless both a deposit and a completed application have been received.
- BILLING:** Groups will be billed for a) the final count required to be provided by the group leader at least 10 days prior to arrival or b) an actual count taken during the group's stay, whichever number is greater. The minimum overnight group charge is for 20 people. The minimum program charge is for 15 people. Payment due in full 10 days after receiving the invoice.
- CANCELLATION:** Cancellations must be made in writing. Deposits cannot be refunded for cancellations made within 30 days of the date of attendance. Cancellations subject to \$100.00 administration fee.
- RESERVATIONS:** Tamarack Outdoor Education retains the right to assign groups to villages and programs according to group size and facility availability.
- LIABILITY:** I am responsible for ensuring that all members of my organized group exhibit proper care of all equipment and facilities. I agree to be responsible for all charges associated with any damage of facility, equipment, and/or property that may be inflicted by any member(s) of my organized group. The Tamarack Outdoor Education/camping experience involves activities that come with certain risks and uncertainties that vary according to my organized group's program. These activities may include, but are not limited to: ropes courses, canoeing, biking, climbing, swimming, diving, land sports, campfires, weather conditions, plants, insects and rugged terrain. I assume these risks and agree to allow all members of my organized group to participate in all Tamarack Outdoor Education activities. I hereby agree to release, indemnify, defend (including the payment of actual attorneys' fees and costs of a judgment/settlement) and hold harmless Tamarack Camps, officers, directors, agents and employees, from any and all liability for damage, injury, death or illness to and/or caused by any member of my organized group or his/her property that directly or indirectly relate to Tamarack Camps, whether on or off camp property. I am responsible for providing certified CPR & First Aid personnel and equipment for my organized group. In the event of an emergency, Tamarack Camps and/or emergency responders have authority to act on my behalf according to their best judgment. I understand that I am responsible for the costs relating to treatment of any member of my organized group. The undersigned's exclusive method for resolving disputes hereunder shall be by arbitration in accordance with the Rules of American Arbitration Association (the "AAA") before one arbitrator designated by the AAA. Judgment may be rendered by the court upon the arbitration award and execution may be issued upon the judgment. The exclusive venue and jurisdiction for any arbitration shall be in Oakland County, Michigan. The liability of Tamarack Camps shall be limited to the program fee. All claims by the undersigned will be extinguished if not brought within 180 days following the incident giving rise to such dispute.
- WATERFRONT SUPERVISION:** I understand that all activities taking place in or on any body of water on Tamarack Camps property must be supervised by a certified lifeguard provided by Tamarack Camps.
- NOTIFICATION:** I am responsible for notifying Tamarack Outdoor Education of all physical, dietary, medical and/or emotional needs of the members of my organized group.
- RELEASE:** Members of my organized group may have their photograph and/or image used by Tamarack Camps.
- RULES OF BEHAVIOR:** All members of my organized group agree to adherence to Tamarack Camps "RULES OF BEHAVIOR", available upon request. Tamarack Camps reserves the right to dismiss any member that does not abide by these rules.

I have read the above TERMS & CONDITIONS and acknowledge that it is my responsibility to be familiar with all registration materials, forms, policies, guidelines and details provided by Tamarack Camps as well as those required by my own group or organization. I have reviewed and discussed the above TERMS & CONDITIONS with all members of my organized group and voluntarily agree to be bound hereby.

*This application must be accompanied by a deposit to secure your requested date(s).
Please make checks payable to Tamarack Camps.*

Signature of Authorized Group Representative Print name Title Date

OFFICE USE ONLY		
Date Received: _____	Deposit: _____	Check: _____