214 Woodhaven Road, Cumberland, Virginia 23040

Camp Parsons Use Application

Group name: _____Base location_____

Group purpose/function: _____Boys____Girls_____Both_____

Is the group a non-profit organization? _____

Space requirements: (tent sites/cabin-bunks)_____

Total Number of persons attending: _____ adults_____ under 18 years old_____

Dates of use (include day(s) of the week): _____

Requested time of use (including setup and tear down): _____

Actual start and end times of event: _____

Special facilities, equipment, number of bathrooms ____***X$50ea=***_____, with or without Showers?

Person responsible: Name: _____

Phone: _____Email: _____

Send Security Deposit **per bathroom** PayPal donation 1 MONTH PRIOR TO VISIT to

administrator@sharonparsonsfoundation.org

Does group have a liability umbrella insurance policy? _____

(If yes, please send a copy of coverages, etc. to the with this request for our files. If no, please have responsible person sign our standard insurance waiver.) Thank you for this information, which will help us assure the proper community uses.

Camp Parsons depends on donations to assist with the maintenance and upkeep costs of the camp in order to stay fee free as long as possible.

The undersigned agrees to defend, indemnity and hold harmless the Sharon Parsons Foundation from any and all loss, injury (including death) or damage, or claim of loss, injury (including death) or damage, arising out of or resulting from the claims of any and all persons using the building, grounds and/or equipment described above today with all costs, including attorney's fees, incident to any such claim and/or the persecution thereof.

Signature of person engaging property: _____ Date: _____

CJP: Use only❑ Approved ❑ Denied ❑ Fees

_____

Authorizing Person (Print Name) Signature Date