

# **CAMP SHADOW PINES RULES AND REGULATIONS**

THE UNDERSIGNED AGREES THAT IT WILL HOLD HARMLESS AND INDEMNIFY CONCERN INC., THE U.S. FOREST SERVICE AND CAMP SHADOW PINES, THEIR OFFICERS, AGENTS AND EMPLOYEES FROM ANY LIABILITY, CLAIMS, OR DAMAGES THAT MIGHT ARISE USING THE CAMP FACILITY AND INCLUDING TRANSPORTATION TO AND FROM THE CAMP. THE UNDERSIGNED WILL PROVIDE A CERTIFICATE OF INSURANCE SHOWING CONCERN, INC., AND THE U.S. FOREST SERVICE AS ADDITIONAL INSURED AT LEAST 30 DAYS PRIOR TO THE CAMP DATE.

## **THE USER ORGANIZATION AGREES TO ABIDE BY THE FOLLOWING RULES:**

1. MEAL TIMES: 8:00AM Breakfast, 12:00PM Lunch, 5:00PM Dinner. unless prior arrangements are made. Excessive Tardiness is subject to additional fees.  
**PLEASE BE ON TIME!!**
2. **ARRIVAL AND DEPARTURE TIMES MUST BE STRICTLY ADHERED TO.**
3. **SMOKING IN DESIGNATED AREAS ONLY – FOREST SERVICE REGULATIONS ARE STRICTLY ENFORCED.**
4. **NO ALCOHOL, DRUGS, FIREARMS OR FIREWORKS.**
5. **ABSOLUTELY NO PETS, (EXCEPT FOR WORKING DOGS).**
6. **PHONE CALLS FOR CAMPERS MUST GO THRU CHAPERONE'S CELL PHONE!**
7. **CAMPERS MAY NOT MOVE BUNK BEDS WITHOUT PERMISSION.**
8. **GROUPS ARE TO KEEP ALL FACILITIES NEAT & ORDERLY. AN INSPECTION WILL BE MADE AT COMPLETION OF EACH CAMP.**
9. **USER GROUP WILL BE RESPONSIBLE FOR DAMAGE CAUSED BY CAMPERS.**
10. **ALL ATHLETIC EQUIPMENT MUST BE RETURNED. CHARGES WILL BE MADE FOR LOST OR DAMAGED ITEMS TO USER ORGANIZATION.**

**CONCERN, INC.** IS A NON-PROFIT CORPORATION OPERATING CAMP SHADOW PINES UNDER PERMIT FROM THE U.S. FOREST SERVICE. OUR INTENTION IS TO GIVE AS MANY PEOPLE AS POSSIBLE, WITHOUT RESTRICTION AS TO RACE, COLOR OR CREED, THE OPPORTUNITY TO ENJOY A MOUNTAIN TOP EXPERIENCE. EMPHASIS IS MADE FOR HANDICAPPED AND DISADVANTAGED PERSONS. WITHIN OUR PERMIT WE MUST COMPLY WITH CERTAIN RULES AND RESTRICTIONS. THESE ARE OUTLINED ABOVE AND ALL USERS AGREE TO COMPLY AS PART OF THIS CONTRACT PERMITTING THEIR USE OF THE CAMP. VIOLATIONS COULD, AT THE DISCRETION OF **CONCERN, INC.** RESULT IN CANCELLATION OF THIS CONTRACT.

**I have read and agree to the above rules and conditions**

\_\_\_\_\_  
(Responsible Party)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

**Checks payable: CONCERN, INC.**  
**4820 E. WHITE GATES DR.**  
**PHOENIX, AZ 85018**  
**Phone 602 952-1312 Fax 602 952-1329**

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