



H.E. BUTT  
FOUNDATION CAMP

***Dear Group Leader:***

We are delighted that you have booked the use of our facilities for your camping program. Every year, God uses H. E. Butt Foundation Camp to touch the lives of thousands of people. The H. E. Butt Foundation staff is pleased and grateful to be partners with you and to have a small part in God's work in the Canyon.

We offer our facilities for your use at no charge. We ask that each group adhere to a high standard of care and stewardship of the facilities provided to them so that the dream of Mr. and Mrs. Howard Butt, Sr., can live on for generations to come.

Guidelines for use of H. E. Butt Foundation Camp can be found on our website at **[foundationcamps.org/apply](http://foundationcamps.org/apply)** (select "camp guidelines").

This document contains a lot of important information regarding use of our facilities, and it will answer many of your questions about coming to camp.

Please take some time to read through the enclosed material. I am more than happy to answer any questions you may have during the planning process; do not hesitate to contact me for any reason.

***Blessings,***

Shawna Howell  
Guest Care Specialist  
[showell@hebfdn.org](mailto:showell@hebfdn.org)  
830-315-9206



**H.E. BUTT  
FOUNDATION CAMP**

**CAMPSITE:** \_\_\_\_\_

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

## RESERVATION FORM

Please return your completed reservation packet, including insurance and medical/  
lifeguard certificates to Shawna Howell two weeks prior to your retreat date.

### CHECK-IN (PLEASE SCHEDULE BETWEEN 1:00 PM - 4:00 PM)

DATE:	DAY:	TIME:
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### CHECK-OUT (MUST BE BY 12:00 NOON)

DATE:	DAY:	TIME:
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### GROUP INFORMATION

LEGAL NAME OF ORGANIZATION:		
PHONE:	WEBSITE:	
ADDRESS:		
CITY:	STATE:	ZIP:
GROUP LEADER NAME:		
WORK PHONE:	MOBILE PHONE:	HOME PHONE:
EMAIL ADDRESS:		

### EMERGENCY CONTACT (A PERSON NOT ATTENDING THE RETREAT)

NAME:		
WORK PHONE:	MOBILE PHONE:	HOME PHONE:
EMAIL ADDRESS:		

**I HAVE READ THE GUIDELINES FOR USE OF THE H. E. BUTT FOUNDATION CAMP AND AGREE THAT WE WILL COMPLY WITH THEM.**

SIGNATURE ( <i>person in charge of retreat</i> ):	DATE:
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H.E. BUTT  
FOUNDATION CAMP

CAMPSITE: \_\_\_\_\_

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

## RESERVATION FORM (CONTINUED)

Please return your completed reservation packet, including insurance and medical/lifeguard certificates to camp registrar two weeks prior to your retreat date.

### EXPECTED NUMBER OF GUESTS

In order for us to honor our mission and be good stewards on behalf of our contributors, it is helpful for us to track the number of guests served by the H. E. Butt Foundation Camp program, including the percentage of attending campers who would not otherwise be able to afford such an experience.

CAMPERS: \_\_\_\_\_

STAFF: \_\_\_\_\_

NUMBER OF FIRST-TIME CAMPERS: \_\_\_\_\_

TOTAL \_\_\_\_\_

ELEMENTARY (0-11 YEARS):

MALE:

FEMALE:

SECONDARY (12-18 YEARS):

MALE:

FEMALE:

COLLEGE (19-24 YEARS):

MALE:

FEMALE:

ADULTS (25-55 YEARS):

SENIORS (55+ YEARS):

NUMBER OF INDIVIDUAL FAMILIES: \_\_\_\_\_

PERCENTAGE OF ATTENDING CAMPERS WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD SUCH AN EXPERIENCE: \_\_\_\_\_

**NOTE:** Please remember to submit the Certificate of Insurance for your group's Commercial General Liability Insurance policy, which must specifically name H.E. Butt Foundation Camp as an Additional Insured with minimum coverage of \$1 million per occurrence.



H. E. BUTT  
FOUNDATION

## FOUNDATION CAMP AND OUTDOOR SCHOOL WAIVER, FULL RELEASE & INDEMNITY/RESPONSIBILITY AGREEMENT

Please read, initial and sign in the appropriate places.

ACTING BY AND THROUGH THE PERSON WHO SIGNS BELOW ("UNDERSIGNED"), WHO HAS THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE FOUNDATION CAMP GROUP INDICATED BELOW ("PERMITEE"), THE PERMITEE VOLUNTARILY AND KNOWINGLY ENTERS INTO THIS AGREEMENT IN CONSIDERATION FOR PERMITEE'S ATTENDEES AND/OR GUESTS (EACH ONE A "GUEST," AND COLLECTIVELY "GUESTS") BEING ALLOWED TO ENTER UPON PROPERTY (THE "PROPERTY") OWNED BY THE H. E. BUTT FOUNDATION, LAITY RENEWAL FOUNDATION, AND/OR LAITY LODGE FOUNDATION (COLLECTIVELY, THE "FOUNDATIONS") AND/OR TO PARTICIPATE IN VARIOUS ACTIVITIES AND SERVICES PROVIDED BY THE FOUNDATIONS (THE "FOUNDATION ACTIVITIES").

PERMITEE **WAIVES** ANY RIGHT TO SUE OR CLAIM AGAINST FOUNDATIONS AND THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, PREDECESSORS, HEIRS, SUCCESSORS, AND ASSIGNS (WHICH TOGETHER WITH FOUNDATIONS THEMSELVES CONSTITUTE THE "FOUNDATION PARTIES") FOR ANY ACT OR OMISSION BY THEM WHICH CAUSES PERMITEE OR ANY GUEST ANY LEGALLY RECOGNIZED CLAIM OF HARM OR DAMAGE, INCLUDING TRANSMISSION OF COMMUNCIABLE DISEASE, OTHER ILLNESS, BODILY INJURY, OR DEATH. PERMITEE EXPRESSLY GIVES UP ANY RIGHT TO SUE OR CLAIM AGAINST FOUNDATION PARTIES FOR NEGLIGENCE OR GROSS NEGLIGENCE.

PERMITEE **RELEASES** ANY CLAIM IT MAY HAVE FOR ANY RECOVERY FROM FOUNDATION PARTIES FOR ANY ACT OR OMISSION BY THEM WHICH CAUSES PERMITEE OR ANY GUEST ANY LEGALLY RECOGNIZED HARM OR DAMAGE, INCLUDING TRANSMISSION OF COMMUNCIABLE DISEASE, OTHER ILLNESS, BODILY INJURY, OR DEATH. PERMITEE EXPRESSLY GIVES UP ANY RIGHT TO RECOVER AGAINST FOUNDATION PARTIES FOR NEGLIGENCE OR GROSS NEGLIGENCE.

PERMITEE **EXPRESSLY AGREES EITHER 1) TO INDEMNIFY AND HOLD HARMLESS FOUNDATION PARTIES FROM AND AGAINST, OR 2) IF IT IS PREVENTED BY APPLICABLE LAW FROM ENTERING INTO AN INDEMNITY/HOLD HARMLESS AGREEMENT, THEN TO BE RESPONSIBLE FOR**, ALL CLAIMS, DAMAGES AND EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY FEES, ARISING FROM PERMITEE AND ITS GUESTS' ENTRY UPON THE PROPERTY AND/OR PARTICIPATION IN FOUNDATION ACTIVITIES. PERMITEE UNDERSTANDS THAT ITS DUTY UNDER THIS PARAGRAPH INCLUDES CLAIMS, DAMAGES AND EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, ARISING FROM THE ACTS AND OMISSIONS OF NEGLIGENCE AND/OR GROSS NEGLIGENCE COMMITTED BY FOUNDATION PARTIES.

ALTHOUGH FOUNDATIONS ARE NOT OBLIGATED TO PROVIDE MEDICAL CARE TO GUESTS, PERMITEE **AUTHORIZES** FOUNDATION PARTIES TO CONSENT TO MEDICAL, DENTAL AND SURGICAL TREATMENT DURING AN EMERGENCY INVOLVING AN IMMEDIATE DANGER TO THE HEALTH AND SAFETY OF ANY GUEST. FOUNDATION PARTIES WILL BEAR NO LIABILITY FOR THE OUTCOME OF SUCH TREATMENT.

Initial

Date

Please initial, date, and continue on the next page.



**PERMITEE ACKNOWLEDGES AND AGREES THAT:**

- THE PROPERTY AND FOUNDATION ACTIVITIES PRESENT RISKS TO THE PERSON AND PROPERTY OF GUESTS, INCLUDING TRANSMISSION OF COMMUNCIABLE DISEASE, OTHER ILLNESS, BODILY INJURY, OR DEATH. GUESTS ASSUME ALL SUCH RISK AND HAVE EXECUTED A SEPARATE WAIVER AND RELEASE FOR ALL CLAIMS WHICH COULD ARISE FROM THE REALIZATION OF SUCH RISKS. WAIVERS MUST BE COMPLETED, SIGNED AND SUBMITTED UPON ARRIVAL AT THE PROPERTY.
- FOUNDATIONS DO NOT SUPPLY MEDICAL CARE OR FIRST AID PROVIDERS; INSTEAD, PERMITEE MUST SUPPLY A FIRST AID PROVIDER WHO WILL BE ON SITE AT THE PROPERTY FOR THE DURATION OF THE PERMITEE'S USE OF THE PROPERTY. SUCH FIRST AID PROVIDER SHALL HAVE AT A MINIMUM AN AMERICAN RED CROSS COMMUNITY FIRST AID CERTIFICATE OR EQUIVALENT (COMMUNITY FIRST AID, CPR, AED) AND MUST REMAIN WITH GUESTS AT ALL TIMES. PERMITEE MUST PROVIDE COPIES OF CURRENT LICENSES OR CERTIFICATES OF ITS FIRST AID PROVIDER/S TO FOUNDATIONS AT LEAST TWO WEEKS BEFORE ARRIVAL.
- FOUNDATIONS DO NOT PROVIDE LIFEGUARDS; INSTEAD, PERMITEE MUST PROVIDE A MINIMUM OF 2 LIFEGUARDS FOR EVERY 35 SWIMMERS OR WATERCRAFT USERS TO ATTEND AND SUPERVISE ALL SWIMMING OR WATERCRFT ACTIVITIES. ANY SUCH LIFEGUARD MUST HOLD A CURRENT AMERICAN RED CROSS LIFEGUARD CERTIFICATION OR ITS EQUIVALENT. PERMITEE MUST PROVIDE COPIES OF CURRENT CERTIFICATES OF ITS LIFEGUARDS TO FOUNDATIONS AT LEAST TWO WEEKS BEFORE ARRIVAL.
- FOUNDATIONS ARE NOT RESPONSIBLE FOR CONDUCTING BACKGROUND CHECKS FOR ALL OF PERMITEE'S ADULT VOLUNTEERS BUT ENCOURAGES PERMITEE TO HAVE THEM COMPLETE ABUSE AWARENESS TRAINING. THIS TRAINING ONLY TAKES A FEW MINUTES AND PROVIDES VALUABLE INSIGHT IN MAINTAINING THE HIGHEST STANDARDS FOR STUDENT SAFETY.
- PERMITEE UNDERSTANDS AND WILL COMPLY WITH THE FOUNDATIONS' CAMPING GUIDELINES.
- PERMITEE UNDERSTANDS WHETHER THE TEXAS DEPARTMENT OF HEALTH'S YOUTH CAMP REQUIREMENTS APPLY TO IT AND, IF SO, AGREE TO COMPLY WITH SUCH REQUIREMENTS.
- PERMITEE MUST PROVIDE PROOF OF COMMERCIAL GENERAL LIABILITY INSURANCE COVERAGE, IN THE AMOUNT OF \$1 MILLION, TO FOUNDATIONS PRIOR TO ARRIVAL.
- PERMITEE AFFIRMS THAT FOUNDATION PARTIES HAVE NOT MADE ANY REPRESENTATIONS, WARRANTIES OR PROMISES WITH RESPECT TO PERMITEE OR GUESTS' LEGAL RIGHTS, REMEDIES OR RESPONSIBILITIES. PERMITEE HAS THE OPPORTUNITY TO SEEK LEGAL ADVICE FROM A PROFESSIONAL OF ITS CHOICE REGARDING THE AGREEMENT. PERMITEE ACKNOWLEDGES THE SUFFICIENCY OF THE CONSIDERATION STATED IN THIS AGREEMENT AND WARRANTS THAT IT HAS LEGAL AUTHORITY TO BIND ITSELF, ACTING BY AND THROUGH THE UNDERSIGNED REPRESENTATIVE. BY ENTERING INTO THIS AGREEMENT PERMITEE DECLARES A KNOWING AND VOLUNTARY INTENTION TO BE BOUND BY THE AGREEMENT, ON BEHALF OF ITSELF, ITS ASSIGNS AND LEGAL REPRESENTATIVES.
- PERMITEE AGREES THAT THIS AGREEMENT WILL BE GOVERNED EXCLUSIVELY BY THE LAWS OF TEXAS AND WAIVES ANY JURISDICTION AND VENUE OTHER THAN A TEXAS STATE DISTRICT COURT IN KERR COUNTY.
- PERMITEE AGREES THAT IF ANY PART OF THE WHOLE OF THIS AGREEMENT IS CONSTRUED AS UNENFORCEABLE, THE REMAINING PROVISIONS SHALL SURVIVE.

Group Leader Signature

Date

Group Leader Printed Name

Title



## TEXAS YOUTH CAMP CLASSIFICATION

### QUESTIONNAIRE

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Use the following questionnaire to determine if your program is classified as a Youth Camp under the Texas law:

- |  |   |   |
|--|---|---|
| 1. WILL YOUR GROUP CAMP ACCOMMODATE AT LEAST FIVE CHILDREN UNDER THE AGE OF 18?  | Y | N |
| 2. WILL THE CHILDREN BE APART FROM THEIR PARENTS OR LEGAL GUARDIANS?   | Y | N |
| 3. WILL YOUR CAMP STAY INCLUDE ALL OR PART OF FOUR CONSECUTIVE DAYS?   | Y | N |
| 4. WILL YOUR CAMP BE OPERATED BY AN ORGANIZATION OTHER THAN AN INSTITUTION OF HIGHER LEARNING?   | Y | N |
| 5. WILL YOUR CAMP TAKE PLACE DURING A SCHOOL VACATION PERIOD?  | Y | N |
| 6. IS YOUR GROUP LICENSED BY AN ORGANIZATION OTHER THAN THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES? (CHOOSE "N" ONLY IF YOUR GROUP IS LICENSED BY TX DEPARTMENT OF FAMILY PROTECTIVE SERVICES) | Y | N |

If you marked Y to all of the above questions, your program is classified as a Youth Camp under Texas law. You will need to familiarize yourself with the Texas Youth Camp Safety and Health Act as found at <http://www.dshs.state.tx.us/youthcamp/rules.shtm>.

### YOUTH CAMP REQUIREMENTS

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If your group is classified as a Youth Camp under Texas law, you will need to submit the following documentation:

- ☐ DOCUMENTATION OF COMPLETION OF CRIMINAL CONVICTION AND SEX OFFENDER BACKGROUND CHECK FOR EACH ADULT (INCLUDING STAFF AND VOLUNTEERS) THAT WILL BE ATTENDING. SEE STAFF CERTIFICATION REGISTER.
- ☐ DOCUMENTATION OF COMPLETION OF SEXUAL ABUSE AWARENESS TRAINING AND EXAM FOR EACH ADULT (INCLUDING STAFF AND VOLUNTEERS) THAT WILL BE ATTENDING. SEE STAFF CERTIFICATION REGISTER.



## STAFF CERTIFICATION REGISTER

Please complete the following table. Shaded areas need to be completed by Youth Camp designees only.

GROUP NAME:

NAME OF GROUP LEADER:

All adults attending a camp as staff, volunteer, employees, chaperones, or other adult guests must have a criminal background check and complete Sexual Abuse & Child Molestation Awareness training such as the Youth Protection Training offered for free online by Boy Scouts of America at [www.scouting.org](http://www.scouting.org). Medical staff must have a minimum certification of First-Aid/AED/CPR.

### STAFF CERTIFICATION REGISTER (ADD ROWS AS NEEDED)

NAME	POSITION	GENDER M/F	LICENSE EXPIRES:	PHONE NUMBER	
	MEDICAL STAFF <i>(include copy of license)</i>				
	MEDICAL STAFF <i>(include copy of license)</i>				
	LIFEGUARD <i>(include copy of certification)</i>				
	LIFEGUARD <i>(include copy of certification)</i>				
	GROUP LEADER				

**AS THE GROUP LEADER, I HEREBY ATTEST TO THE FACT THAT THE STAFF, EMPLOYEES, VOLUNTEERS, AND ANY OTHERS WORKING AT THE ABOVE NAMED EVENT HAVE MET THE STANDARDS TO SERVE IN THEIR CAPACITIES AS REQUIRED BY LAW.**

SIGNATURE *(group leader)*:

DATE:



**H.E. BUTT  
FOUNDATION CAMP**

## **PROGRAM SCHEDULE**

Please attach a copy of your group's Program Schedule. See following page for a sample schedule.

If you have a guest speaker or any other outside program support people who will be conducting any portion of the retreat, please list the name of the person(s) or organization and the subject of the program or activity they will provide.

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NAME:

ORGANIZATION:

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TYPE OF PROGRAM OR ACTIVITY:

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NAME:

ORGANIZATION:

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TYPE OF PROGRAM OR ACTIVITY:

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NAME:

ORGANIZATION:

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TYPE OF PROGRAM OR ACTIVITY:

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NAME:

ORGANIZATION:

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TYPE OF PROGRAM OR ACTIVITY:

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NAME:

ORGANIZATION:

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TYPE OF PROGRAM OR ACTIVITY:

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Please attach a copy of your group's Program Schedule. Attach additional pages as needed.

## DAY 1

ARRIVE AND UNPACK  
ORIENTATION  
EVENING MEAL  
ROUNDUP  
NIGHT ACTIVITIES

MORNING TIME  
BREAKFAST  
FIRST ACTIVITY  
SECOND ACTIVITY  
LUNCH  
GROUP TIME  
REST  
DINNER  
ROUNDUP  
NIGHT ACTIVITIES

MORNING TIME  
BREAKFAST  
FIRST ACTIVITY  
SECOND ACTIVITY  
LUNCH  
GROUP TIME  
REST  
DINNER  
ROUNDUP  
NIGHT ACTIVITIES

MORNING TIME  
BREAKFAST  
CABIN CLEANUP  
DEPARTURE INSPECTION



Please attach a copy of your group's Program Schedule. Attach additional pages as needed.

## DAY 1

ARRIVE AND UNPACK  
ORIENTATION  
EVENING MEAL  
ROUNDUP  
NIGHT ACTIVITIES

MORNING TIME  
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SECOND ACTIVITY  
LUNCH  
GROUP TIME  
REST  
DINNER  
ROUNDUP  
NIGHT ACTIVITIES

MORNING TIME  
BREAKFAST  
FIRST ACTIVITY  
SECOND ACTIVITY  
LUNCH  
GROUP TIME  
REST  
DINNER  
ROUNDUP  
NIGHT ACTIVITIES

MORNING TIME  
BREAKFAST  
CABIN CLEANUP  
DEPARTURE INSPECTION



## FOUNDATION CAMP GROUP ROSTER

This document serves as a roster of camp attendees. Please make sure all attendees listed below have signed the individual liability waiver. Prior to camp, email your group's completed roster to **[showell@hebfdn.org](mailto:showell@hebfdn.org)**. Group leader should bring a printed copy of the roster and hard copies of all individual waivers to check-in.

FULL NAME

	FULL NAME
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H.E. BUTT  
FOUNDATION CAMP

**GROUP NAME:** \_\_\_\_\_

Group Leader: \_\_\_\_\_

## FOUNDATION CAMP GROUP ROSTER (CONTINUED)

FULL NAME

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