

Clear View Retreat

Facility Rental Agreement

149 Scenic Hill Road
Lancing, TN 37770

Date ___/___/___

I would like to reserve Intentional Intimacy International, Inc.'s Clear View Retreat for the following dates ___/___/___ -- ___/___/___. We will have approximately _____ people, and I will confirm the exact number no later than five (5) days prior to our retreat.

Group Type: Women Teens/Children Church Ministry
 Couples Men Young Adults Other:

I understand that:

- a 10% deposit of the full rental rate is required with this contract.
- a FULLY REFUNDABLE security deposit of \$250 is required as well. The deposit will be returned upon full inspection of the facility demonstrating proper care was given, which may take up to 7 days to process.
- the rental rate is \$500 per night for the Lodge and Quad (four family cabins). If altered, we have a discussed, agreed rate of \$_____ per night for the Lodge and Quad (four family cabins) use.
- after the 10% deposit, the rental amount may be paid in two payments, with the final payment arriving 90 days prior to the rental date.
- if the rental is cancelled, refunds are available prior to 60 days at 100%, prior to 30 days at 50%, and no refunds will be issued closer than 30 days of the beginning rental date.
- meals are to be provided and prepared by my group unless previous arrangements are made with Clear View Retreat staff and a deposit of 50% of food costs has been made.
- the kitchen(s) must be left clean and free of all trash. Trash must be **taken**, not left in the outside canister unless arrangements have been made with the Executive Director.
- each family unit or individual member of the group will need to complete a 'Waiver and Liability Agreement' form to stay on the grounds.
- there are NO fireworks allowed on facility grounds at any time.
- my group assumes all responsibility and lawful rules of alcohol consumption.
- smoking may only occur in designated areas. NO butts may be left on the ground or in the parking gravel.
- CVR is a Christian organization and a nonprofit ministry that provides this outreach to promote positive, biblical relationships.

Organization or Contact Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone: _____ **Email:** _____

Contact Person: _____

Organization Phone: _____ **Email:** _____
(if applicable)

Signature: _____