



HERBERT H. PETERS YOUTH CAMP RESERVATION APPLICATION
OZAUKEE COUNTY PLANNING & PARKS DEPARTMENT
121 W. MAIN STREET, PORT WASHINGTON, WI 53074
Phone: 262-284-8257 Fax: 262-284-8269

Scout/Nonprofit Rev. 12/12

***REQUIRED**

*** TO VERIFY RESERVATION DATE IS AVAILABLE, YOU MUST CONTACT THE CARETAKER AT 262-692-2825.**

* RESERVATION DATE(S) _____

- **CHECK-IN TIME NOT BEFORE 1:00 P.M. / CHECK-OUT TIME BY 11:00 A.M.**

* Arrival Date & Time: _____ Departure Date & Time _____

* ORGANIZATION OR GROUP _____

* TYPE OF EVENT _____

* PERSON IN CHARGE /CAMPGROUND LEADER _____

* ADDRESS _____

* CITY/ZIP _____

* TELEPHONE NUMBER(S) _____ * NUMBER OF PEOPLE _____

* CAMP HEALTH SUPERVISOR _____ * CERTIFIED FOOD MANAGER _____

* NUMBER CAMPERS _____ * NUMBER SUPERVISORS/STAFF _____ (Maximum capacity –Daytime use 126 occupants, Dining room – 104 occupants, Sleeping room – 84 adult occupants. Not to exceed 10 campers per 1 supervisor)

* FACILITIES: MAIN BLDG/LODGE _____ OUTPOST CAMPING _____

YOU ARE RESPONSIBLE FOR YOUR OWN ACCIDENT AND HEALTH INSURANCE COVERAGE DURING YOUR STAY

Overnight use requires your group or organization provide a certified Food Manager or trained food service individual, per Wisconsin Administrative Code DHS 175.16(2), and Camp Health Supervisor, per Wisconsin Administrative Code DHS 175.19(5)(a), who must be minimally trained and certified in American Red Cross CPR and first aid and is qualified to review and administer a physician's standing order as provided by Ozaukee County.

Additionally, overnight use requires the group/organization to provide to Ozaukee County, copies of completed and signed youth event health forms for each youth camper. If forms are not available from the group/organization, an approved form can be requested from the Ozaukee County Planning & Parks Department.

The Planning & Parks Department requires that the H.H. Peters Youth Camp facilities are to be left in satisfactory condition. **Any damage or excessive clean-up will result in a maintenance invoicing and the possible loss of your group's privilege to use the facility in the future.**

Ozaukee County Planning & Parks requires a fee of **\$55.00/day** for nonprofit education and youth groups to be sent with this reservation application. Make check payable to Ozaukee County and return the application at least 15 days prior to your reservation or it will be canceled. **Your reservation is not guaranteed until the completed form and your payment are received by this office and an approved signed copy is returned to you.** If for any reason you cannot use the camp on the days you have reserved, please notify the Park Caretaker, Dennis Peterson immediately at 262-483-8806. Your fee is nonrefundable if cancellation is made within 7 days of your reservation date.

RETURN FORM & PAYMENT TO: OZAUKEE COUNTY PLANNING & PARKS, ROOM 220, 121 W. MAIN ST. PORT WASHINGTON, WI 53074

Ozaukee County Ordinance 5.01 Rules and Regulations Governing County Parks must be followed with the use of the Ozaukee County Park System and/or any local municipal ordinances as relevant. (over)

INDEMNIFICATION AGREEMENT

By signing this document, the ORGANIZATION, GROUP or INDIVIDUAL listed hereby agrees to indemnify Ozaukee County for any and all damage or injury to any persons or property, which is in any way attributable to the above referenced event due to the organization's act or omission in the Ozaukee County Park System. The ORGANIZATION, GROUP or INDIVIDUAL also acknowledges compliance with the provision of the food safety manager and health supervisor as previously noted.

Under no circumstances will Ozaukee County be held responsible for damage to the Ozaukee County Park System, or be held responsible for damage to an adjoining private property as a result of the above referenced event and organization's act or omission. The ORGANIZATION or GROUP (SPONSOR) listed above accepts all such responsibility and agrees to indemnify Ozaukee County for any such claims related to the specified event and organization's act or omission.

The ORGANIZATION, GROUP or INDIVIDUAL should provide his or her own health and accident insurance. Ozaukee County may require a certificate of insurance and recommended coverage and/or require that Ozaukee County be listed as an "additional insured" for an event. The Natural Resources Committee of the Ozaukee County Board of Supervisors will determine the necessity of a certificate of insurance, recommended coverage, and "additional insured" listing based upon this application and description of the event.

I acknowledge that the ORGANIZATION, GROUP or INDIVIDUAL(s) will comply with the requirements stated on this application for the group use of the Ozaukee County Park System.

* CUSTOMER SIGNATURE _____ DATE _____

For Office Use Only:

PERMIT APPROVED BY _____ **DATE** _____
Ozaukee County Planning & Parks Director

Circle: **Office Copy** **Customer Copy** **Caretaker Final Copy** **Paid y/n** \$ _____ **Ck #** _____