

ACKNOWLEDGEMENT OF INSURANCE

The renter hereby acknowledges that Camp Capers does not assume liability for medical and accidental insurance to cover the users of the camp. The renter (sponsoring organization or individual) further attests that adequate medical and accidental insurance is being provided by the renter or by the members of its group and their guests for the period of this rental

NAME OF RENTER (please print): \_\_\_\_\_

Address \_\_\_\_\_

Signature: \_\_\_\_\_

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

NAME OF INS. CO. \_\_\_\_\_

Address \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

PLEASE ATTACH PROOF OF INSURANCE AND RETURN TO BRENDA JOHNSON AT :

CAMP CAPERS  
POB 9  
WARING, TX 78074

This information must be received by ASAP

POLICY COMPLIANCE IS MANDATORY FOR ALL GROUPS.

LIABILITY INSURANCE

Your carrier must provide us with a CERTIFICATE OF INSURANCE which adds additionally named insured: Camp Capers, the Episcopal Church Corporation in West Texas, and the Bishop of the Episcopal Diocese of West Texas. Your insurance company will provide this without cost. Send the above mentioned document to Camp Capers, POB 9, Waring, TX 78074. This must be received prior to arrival at camp.

**NOTE: IF YOU ARE A DIOCESAN EPISCOPAL GROUP, AND USE CHURCH INSURANCE CORP, JUST EMAIL THE DATES TO [CICVTCERTS@CPG.ORG](mailto:CICVTCERTS@CPG.ORG) AND REQUEST A CERTIFICATE OF LIABILITY TO INCLUDE CAMP CAPERS FOR THOSE DATES.**