



Our Master's Camp Financial Agreement

I/We _____ understand and agree to the following financial terms concerning placement of _____ into the Our Master's Camp Recovery Program. **The contribution amount is \$4,900.** This amount is due in full on the date of admission. This is not payment for the program—but is to help with the operation of the home and ministry.

There is a **\$150 deposit** required for medical expenses and or medications. This deposit is in addition to the initial contribution amount. Providence is not responsible for any medical or physician charges. If detox is necessary in Pikeville, there is a \$500 administrative charge for arranging placement, necessary travel, time at the emergency room, and other considerations. This is separate from any charges from the hospital or detox facility.

“Spending money” for the participant is a necessity. You may provide a maximum of \$50 a week. We recommend a balance of at least \$200 to start.

Transportation to and from Chattanooga Airport or bus station is \$125 **each** trip.

There is a \$125 charge for blood work done at Our Master's Camp.

For staff time and transportation costs to doctor appointments, emergency room or other appointments, there is a \$50 charge per visit. If you are sick or need ongoing services, we request that you please have the issue resolved before coming into our program. Multiple visits or issues may result in temporary dismissal until the condition is resolved.

REFUND POLICY: In case of Voluntary or Involuntary Leave of the Program

The \$4900 contribution amount includes a nonrefundable administrative fee of \$500. A per diem fee of \$100 is assessed for every day up to 30 days. After 30 days in the program, there are no refunds whether the participant leaves the program voluntarily or involuntarily.

I/We understand and agree to the financial terms of the placement in the Our Master's Camp Recovery Program.

Resident

Print Full Name: _____

Sign Full Name: _____ DATE: _____

Sponsor

Print Full Name: _____

Sign Full Name: _____ DATE: _____

AUDIO/VIDEO RECORDING RELEASE – Our Master’s Camp & Providence Ministries, Inc.

I understand that in order to ensure the safety of all people at Our Master’s Camp & Providence Ministries, Inc. properties—as well as the security of Our Master’s Camp & Providence Ministries, Inc. facilities—that Our Master’s Camp & Providence Ministries, Inc. conducts ongoing video and audio surveillance of various areas of its properties, campuses, and premises at all times. I understand that the only exceptions to this ongoing video and audio surveillance are private areas including but not limited to certain sleeping areas, restrooms, showers, and dressing rooms, etc. and that video cameras with audio capabilities will be positioned in appropriate places within and around all Our Master’s Camp & Providence Ministries, Inc. properties to help promote the safety and security of all people and property. I hereby give my acknowledgement and consent—and understand that such video and audio surveillance is in process during my time at any Our Master’s Camp & Providence Ministries, Inc. property.

Print Full Name: _____ DATE: _____

Sign Full Name: _____ DATE: _____

I also hereby grant to Our Master’s Camp & Providence Ministries, Inc. the following rights in the interest of furthering the Ministry’s creation and distribution of informational and promotional materials:

1. The rights to record and/or use my image, photograph, picture, likeness, and voice by any technology, media, print, and/ or other means.
2. The rights to copy, use, perform, display and distribute such usage and/or recordings of me for any legitimate purpose, including but not limited to distribution via streaming or similar technologies or distribution of audio and/or video files (e.g., livestream, podcasts, etc.) for download by the public.
3. The rights to combine such recordings of me with other images, recordings, or printed matter in the production of printed promotional materials, still/motion pictures, television tape, sound recordings, still photography, CD-ROM and/or any other media.
4. The rights to record, reproduce, amplify and simulate my image and all sound effects produced.
5. The rights to assign, transfer, or license the above rights to third parties.
6. The rights to use my image and voice in connection with the marketing of Our Master’s Camp & Providence Ministries, Inc.’s programs, events, or educational or promotional materials.

I understand and agree that I will not receive compensation—now or in the future—in connection with Our Master’s Camp & Providence Ministries, Inc.’s exercise of the rights granted hereunder. I hereby assign to Our Master’s Camp & Providence Ministries, Inc. any and all copyright I may have in the recordings made of me.

I hereby release and discharge Our Master’s Camp & Providence Ministries, Inc., the Board of Directors, its members individually, and the officers, agents and employees of Our Master’s Camp & Providence Ministries, Inc. from any and all claims, demands, rights and causes of action of whatever kind that I may have—caused by or arising from Our Master’s Camp & Providence Ministries, Inc.’s exercise of the rights granted hereunder—and the use of any media and/or recordings containing my image, likeness, and/or voice, including all claims for libel and invasion of privacy or infringement of rights of copyright and publicity.

Print Full Name: _____ DATE: _____

Sign Full Name: _____ DATE: _____