

**Sarpy County Historical Museum Facilities Management
Rental Agreement**

This form must be submitted with all necessary signatures fifteen days before the event to allow for administration to review the proposed activity. Permission will be granted or denied by the Museum Board.

This Rental Agreement is entered into on this ____ Day of _____ by _____, hereinafter referred to as EVENT HOLDER, whose address is _____ and Sarpy County Historical Museum, hereinafter referred to as _____, whose address is 2402 Clay Street, Bellevue, NE 68005.

The rental of all facilities shall be governed by Sarpy County Historical Museum Policies and Procedures, which are incorporated herein by this reference as if fully set forth herein.

THE PARTIES AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1. Requesting permission to hold an Activity:

- | | |
|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Family Party | <input type="checkbox"/> Church Event |
| <input type="checkbox"/> Organization Event | <input type="checkbox"/> Other (Specify) |

2. Name of organization to be represented: _____

3. Print name of individual making request: _____

Address _____ Phone Number _____

E-mail Address: _____

4. Event information:

NAME OF EVENT: _____

BRIEF DESCRIPTION OF THE EVENT: _____

5. Requesting to reserve the following space(s) and/or location:

- Museum Commons Area
- Train Depot
- Museum Yard

6. Date of Event: _____ Time: _____
 Set up: _____
 Event: _____
 Tear Down/Clean up: _____

7. Estimated Number of Participants
 Participant's _____ Spectators _____

8. The facility(ies) fees to be rented are as follows:

<u>FEE</u>	<u>FACILITY/EQUIPMENT</u>
\$100.00	Four (4) Hour Facility Rental
\$ 25.00	Sound System (if available)
\$ 20.00	Additional Per Hour Charge (When Pre-Approved)

TOTAL DUE = \$ _____

RENTAL FEES:

A non-refundable rental deposit fee of \$25.00 shall be paid at the time of booking an event. **The balance of the rent due shall be paid at least 15 days prior to the scheduled event.**

Date Due: _____ **Balance Due:** _____

Food and Alcoholic Beverages

Will food be served? _____ If so, caterer? _____
 (Please note, we have attached a list of approved caterers that work with our facility)

Will alcohol be served? _____ If so, you assume sole responsibility and liability for your guests, including strict adherence to all laws regarding consumption of alcoholic beverages (specifically, as those laws relate to individuals under 21 years of age, and as those laws relate to drinking and driving).

Will alcohol be sold? _____ If so, you **must** obtain a temporary liquor license for your event. Contact Bellevue City Clerk at 293-3007. Your reservation will not be approved until this permit is delivered to our Museum Director.

POLICIES AND PROCEDURES: In signing this Rental Agreement, the Event Holder signifies that he/she has been provided a copy of the Policies and Procedures governing the use of the Sarpy County Historical Museum Facilities and has had an opportunity to review those policies and procedures.

Note: The requestor must provide a representative to be on site and manage the event; that representative will be:

Print Name _____ Office/Affiliation _____

EVENT HOLDER

Please Print Name _____

Signature (Authorized Representative) _____

Address _____

Phone _____ Date: _____

Approval

Museum Representative _____ Date _____

The Sarpy County Museum may waive any time requirements for the submission or processing of applications in order to grant approval or facilitate the expeditious review of a denial of use.

Falsification of this document or changing the purpose of the activity without notifying the Museum may result in the denial of the request.

HOLD HARMLESS AGREEMENT and RESPONSIBILITY FOR THEFT and DAMAGES

(Please Read, Date, and Sign)

FOR AND IN CONSIDERATION OF the use of Sarpy County Historical Museum facilities, equipment, and premises, the sufficiency whereof is hereby acknowledged.

WE, THE UNDERSIGNED, hereby agree to hold Sarpy County Historical Museum, Sarpy County Historical Museum Foundation, its Officers, Directors, Trustees and Employees harmless from any and all liability, which may arise from the use of the Museum facilities, equipment, and premises.

THIS AGREEMENT shall be effective as to negligent acts or omissions of the undersigned. It shall not be effective as to the negligent acts or omissions of Sarpy County Historical Museum. Its Officers, Trustees, or Employees.

WE, THE UNDERSIGNED, FURTHER AGREE to pay any and all costs to Sarpy County Historical Museum to replace damaged property caused by us or our guests.

IN WITNESS WHEREOF, we have set our hands this _____ day of _____, 20_____.

SIGNATURE (S)

