

CHILDREN'S MUSEUM OF IREDELL COUNTY RENTAL AGREEMENT FOR SATELLITE FACILITY

With my signature, I agree to abide by the following Rules and Regulations of the Children's Museum of Iredell County and assume responsibility for my group to do the same.

1. Groups are responsible for any and all damages to the facility, property and equipment caused by actions that occur during the rental period.
2. Groups assume full and complete responsibility for any and all injuries and accidents to persons that occur during the use of the facility and agree to responsibility for the safe and orderly conduct of all persons within the facility.
3. Disorderly or inappropriate conduct will not be tolerated. Children must be supervised by an adult at all times; at a minimum ratio of 1 adult to every 5 children, up to a maximum of 25 children.
4. Alcoholic beverages, drugs or smoking are not permitted within the facility.
5. Possession of knives, guns or any weapon is not permitted within the facility.
6. Set-up preparation for the facility rental is permitted 15 minutes prior to the rental time.
7. All food and beverages must be kept in the Party Room. No food or beverages are allowed in the Exhibit/Play Area.
8. One half of the rental fee is due as a deposit at the time of rental with the remainder due one month prior to the rental date. Deposits will be forfeited for cancellations of less than 30 days notice.
9. The museum must be cleaned up and all trash taken out by the end of the rental period. Clean-up should begin at least 15 minutes before departure. Time overage will result in an additional charge of \$5.00 for the first 5 minutes and \$5.00 for each additional 10 minutes.
10. The Children's Museum representative in attendance has final authority on the safety and use of property and equipment.

Signature of Responsible Party

Date

Contact Name (please print) _____

Member Yes No

Street _____

City _____ Zip _____

Telephone # (_____) _____

Child's Name _____

Date Requested _____

Time Requested _____ (from) _____ (to)

Estimated Number of Children (maximum of 25) _____

(this section for internal use only)

Total Rental Fee \$ _____

Due Date _____

Deposit Received \$ _____

Date _____ Initials _____

Balance Received \$ _____

Date _____ Initials _____

Notes: