

**MEETING ROOM CONTRACT**

877 West Old Lincoln Way, Wooster, OH 44691

Telephone: 330-845-2825 E-Mail: BuckeyeAgriculturalMuseum@gmail.com

Event Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (s) of Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Function: \_\_\_\_\_\_ am/pm until \_\_\_\_\_\_ am/pm

Group/Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Room Setup:** Total Number of Participants \_\_\_\_\_\_\_\_\_ Room is set up with rectangular tables: If you have special setup needs indicate here:

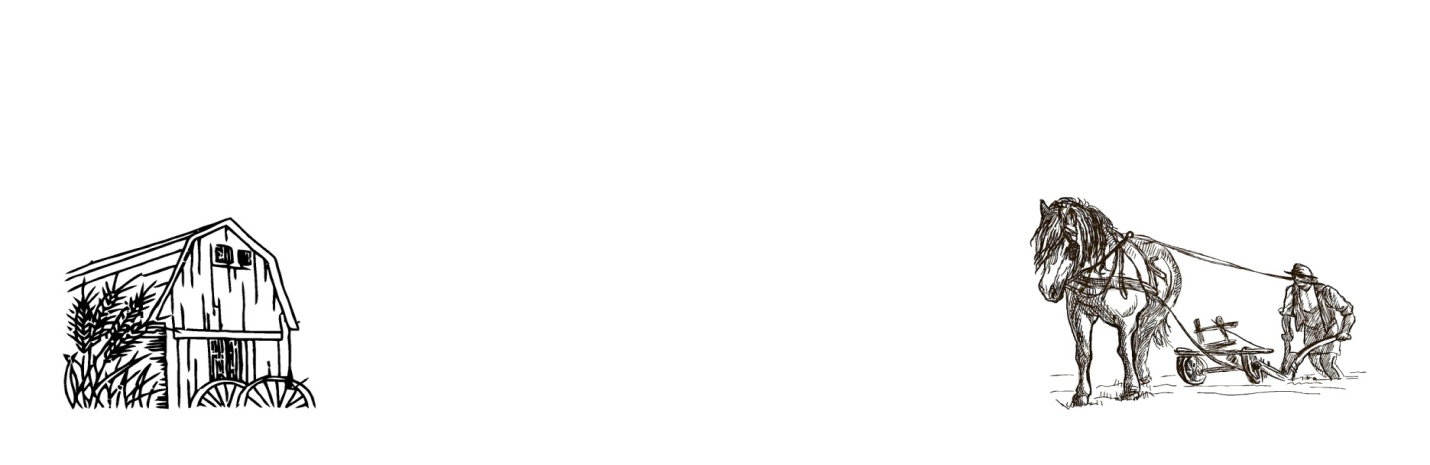
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**Audio/Visuals & Equipment:**

\_\_\_\_\_\_\_ Podium \_\_\_\_\_\_\_ TV/DVD \_\_\_\_\_\_ LCD Projector



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Rental Rates 2021

Indicate Area(s) To Be Used:

\_\_\_\_ Meeting Room: $75 / First 3 hours (Capacity 56)

\_\_\_\_ Board Room: $25/ First 3 hours ( Capacity 12)

$25 each additional hour for ALL rooms. If cleanup required additional $25

Cost for special set up arrangements will be determined when contract is signed.

This contract is made between Buckeye Agricultural Museum (us) and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (you).

You agree as follows:

Pick up key day before the event and return key the day following your event. Key may be picked up at Mairs Veterinary Hospital, 389 W. Liberty Street, Wooster. Hours are M-F 9-5. Sat 9-11:30

1. No more than the listed capacity for each area will be allowed.

2. You will be responsible for all persons who attend your event and their use of the premises in a careful, safe and proper manner, in our judgment.

3. You agree that you will be fully responsible for anything that occurs on the premises during your event. You further release us, our employees and officers from, and will indemnify and hold us, our employees and officers harmless from and against, any and all losses, liabilities, or damages (including attorney's fees) for injuries to persons or property arising from or related to your rental of and use of the premises, for any cause whatsoever excluding only our gross negligence.

4. An authorized representative of the group reserving the facility must remain on the premises throughout the period for which it reserved.

5. No adhesive tape, nails, pins or hangars of any kind may be used on the walls or furniture.

6. Groups will be confined to only those rooms approved for their use.

Approved/Accepted By: Cost: $ \_\_\_\_\_\_\_\_\_\_(Make check payable to**: Friends of Wayne County Fair**)

Print name of Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Representative of Buckeye Agricultural Museum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_