



Springfield & Central Illinois African American History Museum Facility Rental Policy and Agreement

1. AGENCY/AUTHORIZATION (APPLICABLE TO ORGANIZATIONS AND/OR GROUPS)

The Lessee on behalf of

_____ warrants that he/she is a duly authorized agent of

_____ with authority to bind the principal.

2. PAYMENT

The Lessee agrees, with the execution of this agreement, to pay rental fees as listed below.

Rental Fees

AAHM members, \$50.00 per hour with a \$50.00 non-refundable deposit due to reserve the museum. Deposit can be paid via check, cash or card.

Non-AAHM members, \$100 per hour with a \$100 non-refundable deposit due to reserve the museum.

PA System Rental fee is \$50.00

A. Date of Rental _____

B. Time of Rental _____

3. CANCELLATION POLICY

Cancellation of the event/function by the Lessee should be made no less than two (2) weeks (14 days) prior to the scheduled event. If the event is scheduled just two (2) weeks prior to the scheduled event, the total hourly rental amount is due the date the contract is signed.

4. CATERING AND ALCOHOL

The Museum does not provide any catering services. Alcohol cannot be sold or served on the premises unless the Museum Board is provided appropriate permits and proper insurance. The Museum does not have kitchen facilities.



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5. DECORATIONS

Items such as glitter, confetti, bubbles or large plants in dirt are not allowed. No open-flame candles will be allowed. The use of tape, wire, staples, tacks, glue and similar items may not be applied to the walls or exhibits.

6. SMOKING

Smoking and/or use of tobacco products of any kind or any other illegal substance is **prohibited in all areas** of the building including the parking lot.

7. SET-UP REQUIREMENTS

Electricity: _____ Yes _____ No

Tables: _____ Yes _____ No

If yes, please indicate the number of required tables: _____

Chairs: _____ Yes _____ No:

If yes, please indicate the number of required chairs: _____

8. BUILDING CAPACITY

According to the Fire Marshal, the building capacity is 100.

9. ADHERENCE TO THE POLICIES & REGULATIONS FOR THE USE OF THE AAHM FACILITY

The lessee represents that he/she has read the Facility Rental Policies of the Museum and agrees that the individuals using the Museum space will adhere to the policy and assumes liability and responsibility for any damages done to the facility and/or its contents/ grounds as a result of use. This includes damage to or misappropriation by any individual guests attending the function/event or individual employed by the Lessee.

The **number of anticipated attendees** is _____.

10. INDEMNITY CLAUSE: Lessee, at its own expense, shall indemnify and hold the Museum harmless from and against any and all damage, loss, expense, claims, lawsuits, judgments and/or other liability (including, without limitation, reasonable attorneys' fees and court costs) arising from the rental by the Organization (including its agents, employees, contractors, or licensees) of the Museum's facilities as described and set forth in this Agreement.



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11. **LESSEE:** Must be at least 21 years old.

12. **SECURITY:** Will you be providing security? ___ Yes ___ No

Firearms are not allowed in our facility except for official, licensed law enforcement officials.

13. **CATERER**

Name of Caterer, if applicable:

Contact Information:

14. **POLITICAL POLICY**

The lessee understands that

I/We _____ acting on behalf of

_____ have read the rental policies associated with the Springfield & Central Illinois African American History Museum and agree to said rent.

The name of the event is: _____

Lessee Name: _____ **(Please Print)**

Signature: _____

Address: _____



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City: _____

State: _____ **ZIP:** _____

Phone: _____

Cell Phone: _____

Email: _____

Date: _____

Payment Information

Payment (Please check one):

_____ Credit Card

_____ Check

_____ Cash

The Initial deposit has been received for the rental of the Springfield & Central Illinois African American History Museum.

AAHM Representative First and Last Name (Please print):

Signature: _____

Title: _____

Date: _____