

9602 W. Creek Road Palos Park, IL 60464 708.671.0648 www.mccordgallery.org office@mccordgallery.org

McCord Gallery & Cultural Center FACILITY RENTAL AGREEMENT

MUST BE SUBMITTED 14 DAYS IN ADVANCE OF EVENT

| INDIVIDUAL/ORGANIZATION ("Renter | "): | | TERMS & CONDITIONS: |
|---|---------------------------|------------------------------|---|
| Name: | | | The \$175 Security Deposit is in addition to the rental fees and will be refunded as long as there is no damage to the McCord property. Cancellation of this rental less than 7 days before the event will result in forfeiture of the Security Deposit. |
| Address: | | | |
| City: State:Zip: Phone: Email : | | | |
| | | | |
| EVENT DETAILS: | | | |
| Purpose of Event: | | | 4. Renter is responsible for clean-up, |
| Date of Event: Anticipated Attendance: | | | which includes garbage removal and general clean-up. |
| Start Time of Event: | | : | 5. Liability Insurance Policies, in form |
| (Times shown do not include 1 hour set-up before event and 1 hour clean-up after event) | | | acceptable to McCord, from outside vendors is required. (e.g. DJ, entertainers, caterers, etc.) |
| Will alcohol be served: No Yes* | | | |
| *Liquor Liability Insurance, in a form satisfactory is served. Serving liquor to minors is prohibited. | to McCord, is required fo | or any event where alcohol | |
| | | | Initials: |
| Additional Rental Fees: Padded Chairs:@ \$2 ea. = \$ Tables:4 ft. and/or6 ft. @ \$4 ea. = \$ | | | |
| 6' Round tables: @ \$8 ea. = \$ | | | |
| High Top Tables: @ \$4 ea. = \$ | | | FACILITY FEES: |
| Table Cloths: @ \$3 ea. = \$ | | | Rental Fee Rate \$175 per hour with a 3-hour minimum or \$2000 for 12 hours. |
| Total Additional Rental Fees: $\$$ | | | |
| | | | Deposit of \$175 due at time of |
| The McCord Gallery & Cultural Center Ren Conditions as stated have been reviewed | | Initials: | booking. |
| | | | Balance due 14 days prior to |
| Hold Harmless Clause I/We, the undersigned, do hereby agree to hol | d harmless, defend and | l indemnify Village of Palos | event. |
| Park & McCord Gallery & Cultural Center, its officials, employees and agents, in whole or part, | | | Hours \$ |
| with respect to any and all claims, and expense incurred for property damage, bodily injury, or | | | Socurity Doposit \$ |
| wrongful death arising in connection with the use by such license of the facilities of said Village of Palos Park. The undersigned fully understands that this release not only covers bodily injuries, | | | (to be refunded after event |
| but also covers a full release of all doctors and hospital bills. | | | with no damages to facility) |
| If required by the Village of Palos Park, I/We shall obtain general/commercial liability insurance in | | | Additional Rental Fees \$ |
| a form and with a company acceptable to the Village. I/We agree to assume personal responsibility for proper use of the above named facilities. | | | Total \$ |
| Your signature verifies you have read and a | | lations. | |
| | 5 5 | | |
| Signature: I | | | Date: |
| | ~OFFICE US | SE ONLY~ | |
| Deposit: \$ Date Paid: | | Balance Due: \$ | Due Date: |
| Paid by: Cash Check # Credit Card Paid by: | | | Check # Credit Card |
| Approved/ | | Approved/ | |
| | | | |
| | | | |
| *If required, general/commercial/liquor li | ability insurance pro | ovided: Yes No | Date: Initial: |