

1126 E. Center St., Marion OH 43302 740-387-1366

WomensClubRentals@gmail.com

2026 CELEBRATION of LIFE RENTAL AGREEMENT

Thank you for choosing the Marion Women's Club Home Auditorium for your rental needs. Please read carefully all 5 pages of this Event Rental Agreement which applies to ALL rentals of the Auditorium, grounds, & property. Failure to adhere to the rental

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agreement in any way may result in immediate removal, monetary charges and denial of future rentals. Please sign and initial this Agreement & return all 5 pages to the address in box, above. We will confirm your rental upon receipt of rental deposit. Renter/Contact Name: ______Today's Date: ___/____ Expected # of Guests:_____ Funeral Parlor (optional): ____ Requested Rental Date: ____/___ Organization/Co. (if applicable):_____ Renter Address: Phone: Email: 1) RENTAL DETAILS for Celebration of Life Event A. Three-Hour Block of time: \$400.00 (includes \$50 Historic Site Preservation Fee) B. \$250.00 refundable deposit required at time of rental request C. Rental Hours/Days Available: 9am-5pm Monday-Friday ONLY D. Full payment must be made at time of rental request using valid Credit Card (+ 4% card processing fee) E. If more than a three-hour block is needed for your Celebration of Life event -OR- if more rental time is needed, regular rental rates apply. 2) PLEASE COMPLETE and/or initial & date: A. TIME I WILL ENTER: _____ am/pm (circle one) B. TIME I WILL EXIT: _____ am/pm (circle one) C. I understand I must remain on premises throughout my rental period. Initials: Date: D. I understand that any request for additional time needed to open or close cannot be honored after I have signed this Rental Agreement and that I will forfeit \$100 (or more) from my Deposit. Renter initials: Date: 3) A LA CARTE RENTAL (p.4) \$_____; TOTAL DUE w/ a la carte & Deposit: \$ ______ ► DEPOSIT & FULL RENTAL PAYMENT (to use by WCH representative) ◀ Date Rcvd.: ___/__ /__ Amount: \$_____ Credit Card Processed by _____ on: ___/___. Marion Women's Club & Home Representative: _____

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►► RULES & REGULATIONS ◀◀

- 1. All "Celebration of Life" rentals are a three-hour block, 9am-5pm Monday-Friday ONLY.
- 2. I understand I will be charged \$100 (or more) from my deposit if I am not out by the agreed-upon closing time noted on p.1 of this Rental Agreement Form. Renter initials:_____
- 3. I understand that I (or my designee) MUST remain on the premises from opening until closing. Initials:_____
- 4. Rental includes tables and chairs available in the auditorium. Any additional or special setup requirements are the responsibility of the renter, and subject to the approval of WCH Board and staff.
- 5. WCH is located in a residential neighborhood, and renters agree to contain noise levels during event. Exterior **doors** are expected to remain **closed** during the entire event. **Renter initials:**_____
- 6. Consumption of alcoholic beverages is limited to champagne, wine and beer. Beer must be in **cans only**; **no kegs or bottles** are allowed.
- 7. **Adhesives of any type** (tape, putty, command strips, PVA glue, "wall-safe tape" etc.) **cannot** be used throughout the Auditorium. Non-damaging hooks are provided on ceiling beams. I understand use of **any adhesive** materials on walls, regardless of damage, may result in charges against my deposit. **Renter initials:**
- 8. Candles CANNOT be lit on WCH property at any time. Flameless candles are acceptable. Renter initials:
- 9. Smoking must be confined to renter's vehicle or the outdoor smoking area near the parking lot. Smoking is NOT allowed on or near the Front Porch. *Renter initials:*
- 10. All trash and decorations are to be removed upon conclusion of the event. Trash **MUST be securely bagged, tied,** and placed in dumpster near parking lot. Liquids must be emptied from bottles/cans before placing in trash bags.

 Balloons must be deflated, placed in trash bags, tied and taken to dumpster. Renter initials:______
- 11. **Piano must remain covered; food/drinks/etc. are NOT allowed on piano,** which can only be used by pre-approved pianist. **Renter initials:**
- 12. Rental includes use of the auditorium Prep Kitchen (refrigerator, warming oven, coffee pots). Cooking appliances/pans/etc. are NOT provided. **NO sink disposal is available**. Prep Kitchen is to be cleaned of any items brought in for the event, appliances emptied and turned off, and surfaces wiped down. Any items used during an event owned by WCH must be washed and returned to their original locations. **Renter initials:**_____
- 13. Children must remain under adult supervision while on the property, at all times. Renter initials:
- 14. The Marion Women's Club & Home is not responsible for lost, damaged or stolen items. Renter initials:
- 15. Renters are responsible to **pay in full** all costs incurred by WCH for all damages caused by renter or their guest(s) to the facility, its contents or grounds during setup/cleanup of event. Please read and review list of potential charges for damages/cleaning, attached. *Renter initials:*______
- 16. All rentals must be guaranteed with a valid major credit card (see p.3 of this Event Rental Agreement).
- 17. All rental activity must be kept clear from Dining Room Grand Entrance. **Renter initials:**
- 18. WCH Board Members & Volunteers have the right and authority to enter and inspect auditorium and property at any time during event rental with <u>no advance notice to Renter</u>. <u>Renter initials:</u>
- 19. **Upon acceptable inspection by WCH representative** at the end of my rental, I understand my deposit may take up to 21 days to be returned to me. **Renter initials:**

I have read and agree to follow ALL Rules and Regulations for Marion Women's Club (WCH) property. Failure to do so ma	The state of the s
Renter's Signature:	///
Renter's Printed Name:	
WCH Representative Signature:	Date:/



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► ► RENTER CREDIT CARD INFORMATION ◄ ◄	
\square As I indicated on p.1 of this Celebration of Life Rental Agreement, please use the credit card (below) for my FULL Rental Payment + my \$250 Refundable Deposit.	

A valid major credit card is required of all Renters to be kept on file for payment of potential damages (see below). Credit card information will be kept under lock & key and shredded following rental.

CARDHOLDER Name:
CREDIT CARD #:
EXPIRATION DATE:/ SECURITY CODE/CVV: (month / year)
CARDHOLDER SIGNATURE (renter/or responsible adult):
CARDHOLDER STREET ADDRESS: CITY/STATE/ZIP:

▶ ▶ POTENTIAL DAMAGES & CHARGES ASSESSED ◀ ◀

Possible charges to be assessed and charged to your credit card and/or against your deposit if found upon inspection by WCH staff immediately following your rental (partial listing):

- ✓ Clogged plumbing, damage to walls, smoke damage, etc. \$350 (or as estimated)
- ✓ Property damage to floors/walls/interior/exterior minimum \$500 (or as estimated)

✓	Damage to piano, Dining Room Grand Entry, etc.	minimum	ı \$500 (or as	s estimated)
Re	nter will be notified by phone, email and U.S. Ma	il detailing charg	ges & assess	sments.
	nd my valid credit card on file will be charged for Cardholder)	any damages ind	/ (Date)	ng my rental/ tinued, next page



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► Choose Your a la Carte Rental Items ◀

ITEM	RENTAL	√ to accept
Audio Visual & Sound System	\$250.00	
includes screen, projector, outlet		
adapter; hand-held microphone &		
stand, speakers		
Microphone & Sound System	\$100.00	
includes speakers, hand-held		
microphone & stand		
Black Chair pads (optional use for	\$1/each	@ \$1/ea. =
silver Chiavari chairs)		\$
White Chair covers (optional use for	\$1/each	@ \$1/ea. =
mauve padded chairs)		\$

Please check one:

\square I decline use of all a la carte items on the day of my rental.	
Renter Initials:; Date:	
\square I will rent the items checked above for a total cost of: \$	00
which will be added to my total rental.	
Renter Initials:; Date:	
Women's Club Rep Initials:; Date:	



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WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in rental facility for any activities inside venue or outside on the property at 1126 East Center Street, Marion, OH 43302, owned by the Marion County Federation of Women's Clubs, Inc.

I hereby, for myself, my heirs, executors, administrators, assigns or personal representative, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any rights, claims or causes of action of any kind whatsoever arising out of my participation in the activity and do herby release and forever discharge the Marion County Federation of Women's Clubs, Inc., located at 1126 East Center Street, Marion, Ohio, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I or others who attend the Event or Activity that I have scheduled/rented under Event Rental Agreement with Marion County Federation of Women's Clubs, Inc, may suffer as a direct result of my/our participation in the aforementioned Activity, including traveling to and from event related to the Activity.

I assume all related risks, both known or unknown to me, of my participation in this Activity.

V	Date:	
W N	Signed:	
		(Rental contract signee)
	Witness:	Marian Waman's Club & Hama Banrasantativa

Marion Women's Club & Home Representative