

CLIENT RENTAL AGREEMENT

**THE DOUBLE LOG CABIN
324 NORTH STREET
NEW HARMONY, INDIANA**

CLIENT: _____

Date _____ **Time**

Type of Event

PAGE 2
RENTAL AGREEMENT
DOUBLE LOG CABIN

Questions should be directed to the USI/HNH administrative office at 812-682-4488.

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PAGE 3
RENTAL AGREEMENT
DOUBLE LOG CABIN

PAGE 4
RENTAL AGREEMENT
DOUBLE LOG CABIN

Saturdays.

Insurance Requirements: CLIENT shall provide a certificate of insurance for the coverages listed in the paragraphs below no less than thirty (30) days before the first date appearing on the conference contract.

1. The certificate shall be an original; fax and photocopies are not acceptable. Electronic originals via email are acceptable.
2. The certificate shall be issued to the UNIVERSITY OF SOUTHERN INDIANA/HISTORIC NEW HARMONY.

PAGE 6
RENTAL AGREEMENT
DOUBLE LOG CABIN

2. WUKJ P J α'hkdkk{ "q'ENKGP V."cpf "cp{ "cpf "cmr'gtuqpu"ercko kpi " by, through or under the CLIENT, for any inability or failure by USI/HNH to provide the rented facilities for the Agreement period (other than the willful failure or refusal of CLIENT to provide the same) shall be limited to the refund of advance payments made by CLIENT to USI/HNH.
3. CLIENT shall be responsible for any and all costs for any additional services desired which either is not available in the building or not available in desired quantity.
4. All payments required to be made under this contract shall be fully paid prior to the rental period except for minor charges set forth in the contract for which other payment dates are specified. The deposit noted herein shall be credited to the total payments due, and shall be retained by USI/HNH in all events, except that if any event or performance is canceled or postponed for any reason more than two (2) weeks before or if the cancellation is beyond the control of the CLIENT and is rescheduled at mutually agreeable date within three (3) months.

PAGE 8
RENTAL AGREEMENT
DOUBLE LOG CABIN

State Law: This Agreement shall be construed under the laws of the State of Washington.

Child Protection Policy: USI is committed to taking appropriate measures to ensure the safety and well-being of minors participating in USI-related activities and to report either instances of or suspected inappropriate conduct or child abuse as required by law (IC 31-33-5). Questions or concerns should be directed to the following:

Mr. Sam Preston

Assistant Director of Public Safety

Contact: 812-464-1845

Email: sfpreston@usi.edu

Security Building, 8600 University Blvd., Evansville, IN 47712

<https://www.usi.edu/covid-19/>

Force Majeure:

Any delay or failure of either party to perform its obligations hereunder (other than an obligation for the payment of money) shall be excused if, and to the extent that, it is caused by an event or occurrence beyond the reasonable control of the party and without its fault or negligence, including but not limited to: acts of God, governmental regulation or order (whether valid or invalid), recognized health threats (as determined by the World Health Organization, the Centers for Disease Control, or local government authority) (including but not limited to the health threats of COVID-19, H1N1, or similar infectious diseases), curtailment of transportation facilities, fires, floods, wind storms, explosions, riots, natural disasters, wars, sabotage, inability to obtain necessary material or equipment, loss of power, court injunction or

PAGE 11
RENTAL AGREEMENT
DOUBLE LOG CABIN

SET-UP ARRANGEMENT

TO CLIENT: (Name)

Please complete the information below, initial and return with your contract, proof of insurance and deposit.

CHECK LIST

DAY/DATE: _____ TIME:

FACILITY:

EVENT:

No. of guests _____

No. of tables _____ B "9047" gcej "1penwf gu'8α": øqt round)

Tablecloths @ \$11.00 each hnpund)

PAGE 13
RENTAL AGREEMENT
DOUBLE LOG CABIN

CLIENT Initials: _____