

RESERVATION CONTRACT

Date of Event _____

Start Time _____ a.m. p.m.
(actual event start time)

End Time _____ a.m. p.m.
(actual event end time)

Contact 1 _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Work Phone _____

Best time and number to call _____

Contact 2 _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Work Phone _____

Best time and number to call _____

INSPECTION AND ACCEPTANCE: The undersigned acknowledges that he/she has had an opportunity to personally inspect the premises and find it is suitable for his/her needs and it is in good condition. Initial _____

HOLD HARMLESS AGREEMENT: If not providing a Certificate of Insurance naming Get Healthy DeSoto as an additionally insured, the attached Hold Harmless Agreement must be completed.

INDEMNITY: The undersigned hereby indemnifies the market and its agents and employees and any and all persons or entities who may be chargeable with liability against all losses, costs and expenses, including reasonable attorney fees incurred by the market or its agents, employees or any entities as a result of the use of the site. Initial _____

CANCELLATION: If Get Healthy DeSoto or agents must cancel any event for any reason that is not due to cancellation by lessees' non-payment or non-compliance of the terms and provisions of this rental agreement, a full refund of the deposit and rental fees shall be refunded to lessee within one (1) week of cancellation. Initial _____

Complete, sign, and return to:



1002 Rock Rd. | De Soto MO, 63020
Questions can be directed to: 314-471-3681

Calculation of Rental Fee

	# Hours of Rental	_____	
A.	Rental fee*	_____	\$ _____
	*Multiply the number of hours by \$50.		
B.	Damage Deposit	_____	\$ 100.00
C.	Staff Time**	_____	\$ _____
	**(# Hours of Rental + 1) X \$10 or a \$20 minimum.		
	TOTAL	_____	\$ _____
	(Add A + B + C)		

The fee must be paid in cash or by check, money order, or cashier's check.
Make checks payable to: De Soto Farmers' Market

I hereby certify that I have read and agree to the contract terms of this writing which constitute the entire agreement. There are no oral statements, warranties, or other representations not included herein. If I am acting as agent or agents for any other person or entity, then I have the authority to act as such agent. I hereby acknowledge receipt of a copy of this contract.

Lessee(s) _____ Date _____

For Market Use Only

Payment \$ _____ (check # _____ cash _____)
Date Paid _____
Date of Event _____

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HOLD HARMLESS AGREEMENT

**1. "I/We/Me/My" shall mean:
INDIVIDUAL / ORGANIZATION**

Name: _____ C/O: _____

Address: _____

Phone: _____

Fax: _____

2. General Information:

Date: _____ Site: _____

Hours site is needed: _____

Times: _____ until _____

Activity to be held: (describe in detail) _____

" _____ " (hereinafter "Lessee") agrees to indemnify, hold harmless, and defend Get Healthy Desoto, its officers, employees, agents and successors in interest from all claims, damages, losses and expenses including attorney's fees, arising out of or resulting, directly or indirectly, from the Lessee's (or Lessee's subcontractors if any) performance or breach of the contract provided that such claim damage, loss, or expense is (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting there from, or from negligent acts, errors or omissions and (2) not caused by the negligent act or omission or willful misconduct of Get Healthy Desoto or its officers, agents and/or employees acting within the scope of their employment. The party entering into this Contract with Get Healthy Desoto waives all rights of subrogation against Get Healthy Desoto, their officers, agents, partners, and employees, for Automobile Liability, General Liability, Umbrella/Excess Liability, Workers Compensation and/or Employer's Liability where permitted by law. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Contract."

Organizational / Individual's Name (Please Print)

Name of Representative

Event Date

Signature of Representative

Today's Date

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