



The Gardens at Hedrick Medical Center

Please read the Guidelines for Use attached to this form before signing.

Rental Agreement

Thank you for your interest in reserving The Gardens at HMC for your event! As a general rule, your event reservation (not including catering) must be made at least one (1) week in advance. If HMC Catering is requested, the arrangements must be made at least three (3) weeks in advance. A separate catering form is available upon request.

Please contact us with any questions – 660-214-8107. We look forward to working with you on your event!

Today's Date: _____

Date of Event: _____ Type of Event: _____

Event Hours: (to include set up and clean up time)

Beginning Time: _____ Ending Time: _____

Contact Information:

Contact Name: _____ Organization: _____

Address: _____

Phone: _____ Email: _____

Event Details:

Number of Guests: _____ Using HMC Catering? _____
Subject to 150 maximum guests

Will Food Be Served? _____ Will Alcohol Be Served? _____

Rental & Set Up/Clean Up Fees:

Event Size	Rental Fee	Set Up & Clean Up Fee
Small (e.g. only Pavilion, Gazebo, etc.)	\$ 50	\$ 50
Medium (two garden areas)	\$100	\$100
Large (multiple areas or entire garden)	\$300	\$200

Damage Deposit: \$50 + credit card number on file to act as an additional damage deposit.
(Your card will not be charged unless additional damage is incurred)

The Gardens at Hedrick Medical Center (HMC) is made available for use, as is. HMC will not be liable for any damages, injuries, losses/theft, or expenses incurred as a result of the use of The Gardens. The renter/user/occupant agrees to indemnify, defend, and hold harmless HMC from any damages or liability related to the use of The Garden.

It is the renter's responsibility to ensure that all event guests comply with the rules of HMC, and the laws of the City of Chillicothe and the State of Missouri. HMC reserves the right to refuse any application to rent The Gardens.

By signing this agreement, you acknowledge that you have read, understand, and will abide by this document and The Gardens at Hedrick Medical Center—Guidelines for Use.

Printed Name

Signature

Date

As my event will involve the distribution or sale of alcohol, I understand and agree to provide and show evidence of event insurance for the above stated event as well as to add Saint Luke's Hospital of Chillicothe dba Hedrick Medical Center as an additional insured on such policy.

Printed Name

Signature

Date