



David B. Haight Alumni Center Rental Contract

Name of responsible party _____
 Phone _____ Work _____ Cell _____
 Address _____
 City _____ State _____ Zip _____
 E-mail _____
 Bride's Name _____ Phone _____
 Groom's Name _____ Phone _____
 Today's date _____ Reservation Date _____

Type of Event

Wedding Reception (8 Hrs.) _____ Time _____ Fee _____
 Wedding Ceremony (4 Hrs.) _____ Time _____ Fee _____
 Wedding Breakfast/ Lunch/ Dinner (4 Hrs.) _____ Time _____ Fee _____
 Additional Hours (\$100 per hour) _____ Fee _____
 Other (additional Set up \$75 or Folding Chairs \$30) _____ Fee _____
Total Rental Fee _____

Date paid _____ Deposit of \$ _____
 Amount due 30 days prior to event \$ _____

Policy Agreement

I have read and understand the David B. Haight Alumni Center Use Policy and agree to the following:

1. *I understand that an approved licensed/insured caterer from the approved list must prepare and serve the food as per the University Liability Policy. The kitchen areas are for caterers and employees only.*
2. *I understand alcoholic beverages are not allowed in the Alumni Center or on Utah State University premises.*
3. *I understand candles are not allowed in the Alumni Center.*
4. *I understand the bridal party may park in the circle stalls in front of the Alumni Center. I further understand guest parking is available in the Aggie parking terrace.
Alumni Center is not responsible for tickets received for parking violations.*
5. *I understand that I am responsible for any damages to person or property caused by myself or my guests during our event and will be charged accordingly. Further, I agree to release, indemnify, and hold harmless Utah State University, its trustees, officers, agents, employees, students and volunteers from and against all liability, including claims, demands, losses, damages and expenses of every kind and description to persons (including death) or property associated with my rental of the Alumni House.*
6. *I understand that at least one week prior to the event, I need to provide Utah State University with proof of liability insurance and such insurance shall include the University as a named additional insured.*
7. *I understand the cancellation and refund policy.*

Signature _____ Date _____

Approved by _____ Date _____