

Friends of the Plymouth Historical Museum Time Escape Adventure Party Contract

Thank you for considering the Time Escape Adventure Party at the Plymouth Historical Museum (“PHM”). Please note that this event may not interfere with the normal public operation of the PHM and is subject to its policies and procedures. Please also note that the date of the event must be mutually agreed upon based on PHM availability.

Terms and Conditions

1. Set-up and clean-up of the Sanford Burr Meeting Room are the responsibility of the renter; please notify PHM at the time of rental if you require advance arrangements for setting up.
2. NO SMOKING ALLOWED on PHM premises.
3. Renting Party and guests are responsible for any damage that occurs to PHM property during the time of your scheduled function and in the area where your function is held.
4. PHM accepts no responsibility for accidents or injuries to visitors (see “Liability Waiver/Indemnification Agreement.”)
5. The Time Escape Adventure Party includes a one-hour escape room experience for a minimum of 4 and a maximum of 8 participants ages 12-17, and requires the accompaniment of one parent or guardian to serve as additional adult supervision. Management has the authority to end any event early if the party members’ actions are believed to be reckless and/or inappropriate. Refunds will not be given.

Fee (personal or business checks and credit cards accepted):

Time Escape Adventure:	\$300 total for 4-8 children
Party Room:	Space is included. Food is up to the renter.
Deposit:	One-half total fee due when Agreement signed
Final Payment:	Due 1 week before Event

Cancellation Policy

In the event of cancellation, fee payment shall be refunded on the following basis:

- 7 Days’ Notice or More: Full Refund
- Less than 7 Days’ Notice: Forfeiture of 10% of deposit.

Note: The application form and liability waiver/indemnification agreement must be signed, and all required payments made, the earlier of 30 days before the event or within two Museum business days of making the reservation.

Date of reservation _____

Name _____

Liability Waiver/Indemnification Agreement

I have received, read, understood, and agree to comply with the Friends of the Plymouth Historical Museum Time Escape Adventure Party Contract, including terms and conditions for rental use, the fee schedule and cancellation policy.

I hereby fully release and discharge the Friends of the Plymouth Historical Museum (a.k.a. Plymouth Historical Society), its directors, officers, agents and employees from any and all claims from injuries, including death, damage or loss, which may arise or that may be alleged to have arisen out of, or in connection with the contracted event at the Plymouth Historical Museum.

I further agree to indemnify and hold harmless and defend the Plymouth Historical Society, its directors, officers, agents and employees from any and all claims resulting from injuries, including death, damage or loss, including, but not limited to the general public, which may arise or may be alleged to have arisen out of, or in connection with the contracted event.

Renting Party

Print Name

Signature

Date: _____

Time Escape Adventure Party Application Form

Contact Name: _____

Address:

Phone (home/work/cell):

E-Mail:

Best time/method to contact:

Preferred Date: _____ Alternative Date(s): _____

Preferred Time: Party is generally held 5-8 pm. If a different time is requested, note it here:

From _____ .m to _____ .m

Estimated number of guests:

Adults:

Ages 12-17:

Is this a birthday party? Yes _____ No _____

Amount Received (½ of Fee \$150.00) \$ _____

Renting Party

Print Name

Date: _____

Signature

Friends of the Plymouth Historical Museum

Signature

Date: _____

Title