

Shelton McMurphey Johnson House A City of Eugene Historic Landmark ~ Built 1888 303 Willamette St.
Eugene, OR 97401
(541) 484-0808
director@smjhouse.org
www.smjhouse.org

APPLICATION TO RENT MUSEUM

Date of event:	Time of event (includes set up and clean up):	to:		
Type of activity:	Expected Attend	Expected Attendance:		
Will beer or wine be served? (NO hard liquo	or is permitted) Hours served:			
Will food be served?Catered?	Caterer Phone:			
Contact Person:	Name of Organization if Applicable:			
Mailing Address:	Email:			
Best Phone#:	Message#:			
Alternate Contact Person:	Phone:			
REGULATIONS AND POLICIES:				
	ted to first floor and immediate grounds around the House only. We drooms and bathroom to dress/get ready for event.	edding Parties: Bride		
2. Reservation will not be confirmed until a cleaning deposit for all rentals; \$100 addition	rental application is complete and deposits are paid in full. \$200.00 nal deposit for alcohol.) minimum security and		
	a Certificate of Insurance must be provided in the minimum amount should name both the City of Eugene and the Shelton McMurphey			
(date is hereby indicated as	tificate of Insurance on file with the Shelton-McMurphey-Johnson) to the rental date or rental agreement(s) will be terminate rior to the event, all fees are due at the time of approval.			
event. Should the application be submitted le	payment 60 days before the rental date with the final balance to be ess than 30 days prior to the event, all fees are due at the time of ap fee) will be retained from all rental fees regardless of the time or re-	proval. The down		
6. A deposit (not the down payment) may be	e returned under the following conditions:			
completed to the satisfaction of the c. The facility is left undamaged.	dition and the House Use Checklist provided at the beginning of the			

7. The renter will be billed for damages, losses, and unsatisfactory cleanup fees in excess of the deposit.

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- 8. At least one rental supervisor is required to be on duty; this fee is included in the rental charge. The rental supervisor reserves the right to monitor, intervene, or terminate the event at any time.
- 9. Renter is responsible for knowing and adhering to all appropriate park and/or recreation facility rules.
- 10. Amplified sound is not permitted without approval. Standard Park Use Permit limits amplified sound to two hours.
- 11. NO OPEN FLAMES of any sort.
- 12. There will be no changes made to this agreement.

SMJ Associates reserves the right to deny any application for any reason.

INDEMNITY AGREEMENT

Applicant: ___

- -I certify that I am an authorized representative of the organization named herein, that the above statements are true to the best of my knowledge, and that I agree to be bound by the above regulations and policies. I understand that violation of any of these regulations and policies may result in: immediate termination of the event, legal responsibility for damages in excess of the deposit, forfeiture of deposit and future use of the facility.
- -I shall indemnify and hold the City, and the Shelton McMurphey Johnson Associates, its officers, agents and employees harmless from any and all claims, actions, liabilities, cost, including attorney fees and all other costs of defense, arising out of or related to the activities of applicant and participants during the use of the facility under the terms of this application.
- -In the event that insurance is required to provide evidence of general liability, the required coverage will be primary to the City's insurance and the City and Shelton McMurphey Johnson Associates will also be named as additional insured.
- -I understand that the City and Shelton McMurphey Johnson Associates are not sponsors of this activity nor will they provide any supervision of the activity.
- -I further understand that the City makes no warranties or guarantees as to the condition of the facilities or of the equipment covered by this application; and the applicant and other participants will be using the facilities at their own risk.

Date: _____ (Must be 21 years of age or older)

Signature of Applicant/Authorized Representative of

By signing you agree to the regulations, policies and	indemnity agreement abov	e.	
OFFICE USE ONLY: FEES AND CHARGES		PAYMENTS RECEIVED:	
Weekday rate: Monday through Thursday: \$75 per hour Weekend rate: Friday through Sunday: \$130 per hour (Non-profit rates available on request and with proof of non-profit status)		Date/	\$
		Date/	\$
Base Rate x # hrs =	\$	Date/	
Alcohol fee - \$100.00	\$	Date/	\$
		Insurance received? Yes_	Date:
Cleaning/ Security deposit (Required)	\$200.00		
Additional charges	\$	DEPOSIT REFUNDED:	
TOTAL CHARGES:	\$	Date//	_\$