## 9 Mile Gallery + Event Space Holder Agreement

EVENT NAME: _____

MAIN CONTACT
Name/Number/Email: _____

DATE: _____

TIME: _____

NUMBER OF
ATTENDEES: _____

### Terms and Conditions

1. Preparation and setup are the responsibility of the Event Holder. Setup is welcome 1 hour before event unless otherwise indicated.
2. The space must be vacated in the condition in which it was found. Cleanup and return of furnishings to their original positions is the responsibility of the Event Holder.
3. Event Holder agrees to pay for repair or replacement of furnishings and fixtures damaged during the event and is also liable for theft.
4. Event insurance is required. Check with your personal/ business insurance carrier if you have the required coverage. The District Edina can suggest the use of an event insurance if you do not have coverage.
5. Up to 40 additional folding chairs are available upon request free of charge. **(If Event Holder would like TDE to setup chairs, Event Holder agrees to a $80 fee)**
6. 50% of total cost is due upon return of signed agreement. The remaining balance is due two weeks prior to the event. Unless booked through a third party site.
7. A full refund is given if event is canceled 30 days prior. If event is canceled after TDE has a right to retain the initial deposit.
8. TDE has the right to use photographs / video taken at the event for marketing purposes, unless a separate agreement is made.

### Costs

EVENT SPACE
RENTAL FEE: $
SERVICE FEE: $
TAX: $
_____

**TOTAL:** $

CHAIR SET UP:     YES     NO

**Signature:** _____

**Date:** _____

## Hold Harmless Agreement

Event Holder agrees to hold harmless The District Edina, its officers, employees, owners, and landlords for losses and injury to the Event Holder, its employees, and guest's resultant from Event Holder's usage of the property located at 7777 Washington Ave. S., Edina, MN 55439. Such losses may include but are not limited to personal injury, damage to property, and/or deleterious effects of excessive alcohol or substance use.

Name/Title: _____

Address: _____

Signature: _____