Contract For Services-Forever Love Weddings

Business: Forever Love Wedding -By Minister Trevor Clark-Zamoider

trevor@foreverlove-wedding.com

(401) 400-0878

FOREVERLOVE-WEDDING.COM

Form Last Updated: 9-29-24.

This contract is between Forever Love Weddings -By Minister Trevor Clark-Zamoider (the "Business") and you the name below (the "Client")

This must be completed prior to the start of any service Must be completed in 24 hours the latest to secure you Do not submit this contract if you have any doubt o	es (Other than funerals or consultations) including scripts. or date. or questions please reach out to me.
Date Of Contract	
MMMM-dd-yyyy	
Name Of 1st Client *	
First Name	Last Name
Name Of 2nd Client	
First Name	Last Name
Email *	
Phone *	
May we send you text messages related to	o your service with us at the number listed above? *
☐ Yes	
□ No	
Your Address *	
Street Address	
Address Line 2	

	-Select- v
City	State/Region/Province
	United States V
Postal / Zip Code	Country
Address Of Service/Venue *	
Street Address	
Address Line 2	
	-Select- v
City	State/Region/Province
	-Select- V
Postal / Zip Code	Country
Date &Time Of Service *	
October-21-2024 09:04 PM	
MMMM-dd-yyyy HH:MM AM/PM	
Terms Of Contract	
· · · · · · · · · · · · · · · · · · ·	non-refundable deposit of \$50.00 is required to be paid forthwith. Thi nmencement of any work, including initial script development. (This
Term 1) NON-REFUNDABLE DEPOSIT *	
Yes, I understand.	
	ice exceeding a 30 to 60-minute window, a supplementary charge of the onset of service. Further, in the event that such delay prolongs 0.00 shall become applicable and due immediately.
Term 2) Service Start Time Is Late *	
Yes, I understand	
3) Day Of Service I will arrive to the ceremony site approximately 20-30 nover any questions or concerns you may have. Please license and final payment ready for me, if not already process.	have the marriage

Term 3) Day Of Service *
☐ Yes, I understand
4) Minister not able to perform If for any reason (Minister Related) I cannot perform the ceremony on said date at no fault of the client, I will do one of the following: A: refund all money paid towards your service B) Offer another day for your service. C) Find another Officiant of my selection to perform the service.
(If client breaks communication or does not fulfill the terms of this contract no refunds will be issued)
Term 4) Minister not able to perform *
☐ Yes, I understand
5) Venue Changes Failure to provide a notice of at least 7 days' prior to changing your venue shall result in an extra charge of \$100.00, in addition to the overall service fee.
Term 5) Venue Changes *
☐ Yes, I understand
6) Postponement We will try to work with you to have the new date booked. If the Minister cannot attend, you will forfeit any money paid towards your service and deposit.
Term 6) Postponement *
☐ Yes, I understand
7) Cancellation Of Service In the event of service cancellation (other than officiant initiated, see item number 4 & 8), you shall forfeit any and all deposits rendered, and be held accountable for fulfilling the previously arranged financial obligations in their entirety.
Term 7) Cancellation Of Service *
☐ Yes, I understand
8) Overall Cost My compensation for services rendered ranges from \$200 to \$350 per diem for the ceremony day. To confirm and secure the booking date, a Non-Refundable deposit of \$50.00 is mandatory, and the remaining balance must be settled in full PRIOR TO or ON the day of the ceremony. In case of a rehearsal attendance request by the client, a supplementary charge of \$50.00 shall apply. The Minister or Officiant retains the prerogative to rescind the service contract at any given time for any motive, such as safety concerns and Non-payment, comprising of remuneration.
Term 8)Overall Cost *
☐ Yes, I understand
9) Agreed upon TOTAL amount of service. *
The amount you believe you are responsible to pay. (Whole Dollar)
This total is also including your \$50.00 Non-refundable deposit.

Any dispute arising out of or in connection with this contract shall, at first instance, be referred to a mediator for resolution. The parties shall attempt to agree upon the appointment of a mediator, upon receipt, by either of them, of a written notice to concur in such appointment. All legal proceedings shall take place in The City Of Providence, RI under their jurisdiction.
Term 10) Disputes *
☐ Yes, I understand
11) Release from Liability I hereby agree, on behalf of myself, my heirs, my personal representatives, venues and guests to fully and forever discharge and release Forever Love Weddings and its affiliates, and their respective partners, agents, operators, managers, employees, and representatives ("Released Parties") from any and all claims I may have or hereinafter have for any injury, temporary or permanent disability, death, damages, liabilities, expenses and/or causes of action, now known or hereinafter known in any jurisdiction in the world, attributable or relating in any manner to the use of Forever Love Weddings services, whether caused by the negligence of the Owner or any of the Released Parties or by any other reason. I acknowledge and agree that this Release and Waiver of Liability is intended to be, and is, a complete release of any responsibility of the Released Parties for any and all personal injuries, temporary or permanent disability, death, and/or property damage sustained by me, my heirs, my personal representatives, venues and guests.
Term 11) Release from Liability *
☐ Yes, I understand
12) Final Scripts I do not charge fees for script changes. Please complete and finalize your scripts no later than 30 days, if possible prior to your service.
Term 12) Final Script *
☐ Yes, I understand
13) Marriage Licenses It is the responsibility of the couple to obtain their marriage license from the proper authority. I will and can guide you through this process to make it easier on the couple.
Term 13) Marriage License *
☐ Yes, I understand
Signatures
This contract may be signed electronically or in hard copy. If signed in hard copy, it must be returned to the Business for valid record. Electronic signatures count as original for all purposes.
By typing and or signing their names as signatures below, both parties agree to the terms and provisions of this agreement.
Typed name of 1st Client *
First Name Last Name
Signature Of 1st Client *

10) Disputes

Clear				
<u>Clear</u>				
Typed name of 2nd Client				
First Name	Last N	ame		
Signature Of 2nd Client				
Clear				
Officiant Signature				
Clear				
For Officiant Only				
Please rememb	per to hit the SUbr	nit button below	or your contract wi	ll not be sent.
Verification Code *				
Enter the text in the box below				
6PUPD7				
	REVIEW	SAVE	SUBMIT	
	1/F A 1 F A A	JAVL	JODIVIII	

① Do not submit confidential information such as credit card details, mobile and ATM PINs, OTPs, account
passwords, etc. <u>Report Abuse</u>
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