



# Harvester PERFORMANCE CENTER

## Rental Information Harvester Performance Center

### Renter Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address: \_\_\_\_\_

### Rental Details:

Rental Date: \_\_\_\_\_

Rental Times: Load in- \_\_\_\_\_ Load out- \_\_\_\_\_

Expected # of Guests: \_\_\_\_\_ Sound Equipment: \_\_\_\_\_ Engineer \_\_\_\_\_

Facilities Reserved:  Landing Pad & Kitchen  Meeting Room L/S

Main Venue

Brief Description:

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Food Served: Catered  \_\_\_\_\_  Prepared on site:

Note: If food is prepared on site, a permit from the Health Department may be required. Contact the Franklin County Health Department at 540-484-0292.

Rental Type:  Private Event  Non Profit Event  Business Meeting/Open House/Auction other \_\_\_\_\_

### Agreement:

By signing below, I agree to abide by all terms of the Rental Agreement, and Terms of Rental, I agree to hold the Harvester Performance Center & The Town of Rocky Mount and any of it' employees or agents harmless for any and all injury, illness or liability which may result from the rental of the Harvester Performance Center. If I am representing an organization/agency, I also certify that I am authorized to act on behalf

of the organization's /agency's behalf of the terms of rental, including set-up and clean up requirements.

Included in Promoter's insurance: The lessee must show a per occurrence liability limited to \$1,000,000.00 and show the Harvester as additional insured.

I acknowledge I have received and signed copies of the Terms of Rental and the Rental Checklist.

Signature of Renter/Promoter

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Harvester Performance Center

Representative: \_\_\_\_\_

Date: \_\_\_\_\_