

## Evening Special Use Contract (Wedding Rentals)

### Hours of Access

The Fauquier History Museum at the Old Jail (“FHM”) is available for evening special use access *by appointment only*.

Normal hours of wedding access are for a 2-3 hour period to occur between the hours of 4PM-7PM. Approval of all special use access requests are at the discretion of the Fauquier Historical Society (“FHS”).

### Terms and Conditions

All members of the Evening Special Use visiting party shall arrive at the FHM promptly at the agreed upon time. The party shall identify its leader, who shall be authorized to provide the FHS authorized visit representative with formal information and with official responses to inquiries. **The visiting party shall at all times follow the instructions of the FHS authorized representative.** [The FHS representative will be drawn from members of the Fauquier Historical Society’s Board of Directors; the Director of the Museum; or the Museum Docents and will be identified, in each case, to the Special Use visiting party leader upon arrival.]

No member of the visiting party may handle, relocate, or otherwise disturb any items within the FHM without the express permission of the FHS representative. Even after such express approval is obtained, no item is to be handled, relocated, or otherwise disturbed, without the FHS representative being the person to handle the object of the FHM.

Smoking, the consumption of alcoholic beverages, or the non-prescribed use or presence of any controlled substance, anywhere on the premises, is strictly prohibited.

The purposes of this rental is for courtyard access only. FHS does not cater, provide seating, flower arrangements, etc. There will be no access granted to inside the museum, unless given by the FHS representative.

Failure to comply with any of the above conditions will result in the expulsion of the visiting party from the premises, at the discretion of the FHS representative.

**Waiver and indemnity:** The visiting organization and each person in the visiting party shall execute and deliver in advance the FHS standard form of waiver and indemnity, page 2 of contract.

**Release of All Claims**

I, \_\_\_\_\_, hereby request permission to enter the Fauquier History Museum at the Old Jail, Warrenton, VA after its normal operating hours to participate in a special use activity the purpose of which is detailed in the "Application for Evening Special Use."

1. I am duly aware of the risks and hazards that may arise through the use of Fauquier History Museum at the Old Jail, and assume any expenses and liabilities I incur in the event of an accident, illness or other incapacity. If I have had any questions about The Fauquier History Museum at the Old Jail, its nature, risks or hazards, I have contacted the coordinator and discussed those questions with him or her to my satisfaction.

2. In consideration of the permission granted to me to enter the premises and participate in the special use activity, I, for myself, my executors, administrators, agents and assigns do hereby release and forever discharge the Fauquier History Museum at the Old Jail, The Fauquier Historical Society, Inc., the Fauquier Historical Society's Board of Directors, the museum director, volunteers, owners, operators and sponsors of the premises and activities therein and their respective servants, agents, officers and officials, and all other participants from all claims of damages, demands, and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in this activity. I understand that this Release means that, among other things, I am giving up my right to sue for any such losses, damages, injury or costs that I may incur.

I represent and certify that my true age is either 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has read and signed this form. I have read this entire Release, fully understand it, and I agree to be legally bound by it.

Participant's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Wedding Rental Fees**

A usage fee of a minimum of \$250.00, being paid by the visiting organization to the Fauquier Historical Society one week prior to the date of the visit. Normal hours of evening special use access are a 2-3 hour period to occur between 4PM to 7PM.

All checks or money orders should be made out to:

The Fauquier Historical Society  
P.O. Box 675  
Warrenton, VA 20188

*The terms of this agreement may not be modified, supplemented or amended in any way except by a further written agreement of the authorized parties hereto. This agreement is non-assignable and shall be governed by and construed in accordance with the domestic laws of the Commonwealth of Virginia, which shall also be the jurisdiction for hearing any disputes hereunder or in connection herewith.*

**Statement of Acceptance**

I, \_\_\_\_\_, as an authorized representative of \_\_\_\_\_, have fully read and hereby agree to all of the above terms, conditions, fees, etc. I understand that my signature on this, the Fauquier Historical Society / Fauquier History Museum at the Old Jail’s Evening Special Use Contract, indicates also that all members of my organization’s visiting party agree to comply with all aforementioned terms, conditions, fees, etc.

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

**Fauquier Historical Society:**

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

## Application for Special Use

Contact Individual: \_\_\_\_\_

*\* Will this person be the visiting party leader? If not, please also name the visiting party leader:*

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of persons in the visiting party: \_\_\_\_\_

Proposed date of visit: \_\_\_\_\_

Access Requested (please check):

\_\_\_ Normal hours of evening special use are 2-3 hours between 4PM-7PM  
Fee of \$250.00

Total: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Fauquier Historical  
Society Representative: \_\_\_\_\_ Date: \_\_\_\_\_