

MINNESOTA PIONEER PARK RENTAL AGREEMENT
BIG WOODS LOWER LEVEL
725 Pioneer Trail, Annandale, MN
320-274-8489 pioneerp@lakedakelink.net



Date of Use: _____

Time Periods: _____ To: _____

Renters Name: _____

Phone Number(s): _____

Address: _____

Email: _____

Rental Fee: \$100.00 (reservation deposit 25%)

Statement: Minnesota Pioneer Park carries no responsibility, legally or otherwise, if any type injury/accident would occur while the renters and guests are on its premises or after their departure from its property. Minnesota Pioneer Park will not be liable for any person driving while under the influence of alcohol/drugs. This is for the reception area, rest rooms, and kitchen area only. The upper level of the museum is off limits.

1. Arrangements for opening and closing Big Woods basement are to be made with the office staff prior to the date of event.
2. Smoking is prohibited in all buildings.
3. Alcoholic beverages are not allowed on the Park premises.
4. All children are to be accompanied by an adult at all times.
5. All tables and chairs must be wiped clean and put back in place.
6. Any pots, pans, and dishware must be washed, dried and put back into storage
7. Rest rooms are to be left clean & free of garbage/trash.
8. Small appliances must be unplugged, cleaned, and returned to storage.
9. All trash is to be put into large waste cans with plastic bags liners. All trash then is to be put into the dumpster behind Big Woods building.
10. Turn off all lights.
11. Pioneer Park will furnish all cleaning supplies, check with office coordinator.
12. Building Tours Group Per Person Rates: 1-15 \$5.00 / 16-50 \$3.00 / 51-Up \$2.00 Paid in advance
13. Pioneer Park premises must be left in the same condition as accepted by renter upon entry
14. Emergency numbers are posted in kitchen area.

I agree to be responsible to make sure that the above terms are adhered to by my group/guests and myself.

Renter: _____
(Please Print)

Renter _____ Date: _____
(Signature)

Minnesota Pioneer Park President / Board Member:

(Signature) Date: _____

Deposit

Date Received: _____ Amount: \$ _____

Remaining Balance Due By: _____

Paid in Full Date: _____