

## RRF MUSEUM TERMS OF AGREEMENT

1. For all purposes of this agreement, the person(s) signing this agreement shall hereby be referred to as “**Client**”, and RRF Museum shall be referred to as “**Museum**”.
2. A Security Deposit of \$500 must accompany this agreement.
3. The Security Deposit will be returned to the Client within 30 days of the event unless damage occurs to any part of the Museum or any of its collection.
4. Museum Deposit checks shall be made out to Rolls-Royce Foundation.
5. **NO SMOKING** is permitted on Museum property.
6. The Caterer must be on the approved list of Caterers by RRF.
7. Caterer must provide all food, linens and bar service.
8. Food and beverages are only allowed in the function room rented for the event.
9. All equipment, decorations, etc. require Museum approval prior to event. Crepe paper, glitter confetti and beads are not permitted; candles must have covered flames and fog or smoke machines are not permitted. Items may not be hung or secured in any way that would mar any surface, including function room posts, beams and walls. Tape is not permitted on any Museum surface.
10. Furniture, cars or objects belonging to the RRF may not be moved or handled without permission of Museum staff.
11. Any damage to function room, equipment, tables, chairs, or any other Museum property (including vehicles) and excessive cleaning will be billed to the client.
12. All guests must not go beyond the ropes or touch the cars or displays; violation will result in expulsion of the guest from the Museum.
13. Children must be accompanied by an adult at all times.
14. The Client absolves and agrees to hold the Museum harmless from all damage, which may be sustained by equipment or property left on site at the Museum before, during and after said function. Any items left at the Museum are not covered by the Museum’s insurance policy.
15. In consideration of the participation of the Client, the Museum along with its governing bodies, officers, volunteers and staff are totally released from any liability of any kind or character that may be incurred in connection with said function.
16. The Museum shall be held harmless for any cost incurred due to the cancellation of the Client’s function by the Museum due to an “act of nature.” This may include, but is not limited to: tornado, fire, flooding, severe weather or power outages. If this occurs, the Museum will refund in full any Museum deposits. Any deposits for catering services are between the Client and the caterer.
17. If for any reason a state of emergency is declared by the federal, state, county or city governments requiring the closure of businesses, the Museum shall not be held liable for any costs or losses of said function by the Client. In the case of closure, the Museum will refund in full any Museum deposits. Any deposits for catering services are between the Client and the caterer.
18. If for any reason legal action would need to be taken to enforce this agreement, all lawsuits shall be litigated in Pennsylvania. If any legal action occurs due to a disagreement of these terms, collection of account balances or for any other reason, the Client shall pay all necessary Museum legal fees, court costs and any other expenses incurred.



The ROLLS-ROYCE FOUNDATION  
MUSEUM AND RESEARCH LIBRARY

**2011 GROUP TOUR AGREEMENT**

Date of Visit: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Arrival by: Bus \_\_\_\_\_ Individually \_\_\_\_\_

Business/Function Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Cell: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Please indicate how many of each will be attending:

Adult Admission \_\_\_\_\_ x \$5.00 = \$ \_\_\_\_\_

Youth Admission \_\_\_\_\_ FREE  
(17 & Under)

Tour Guides \_\_\_\_\_ x \$20.00 = \$ \_\_\_\_\_  
(1 per every 15-20 guests)

**Total Due:** \$ \_\_\_\_\_

1. Mail this form & payment to:	Rolls-Royce Foundation 189 Hempt Road, Mechanicsburg, PA 17050
2. Make checks payable to:	Rolls-Royce Foundation
3. Visa & MasterCard payments:	
Card # _____	Exp Date _____/_____/_____ CID _____
Name as it appears on Credit Card:	_____
Credit Card Billing Address:	_____
City:	_____ State _____ Zip: _____

**I certify that I have read, understand, and accept the conditions set forth in this contract.**

\_\_\_\_\_  
Authorized Contact Person for the User

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative for the Museum

\_\_\_\_\_  
Date