

American Horticultural Society 7931 East Boulevard Drive Alexandria, VA 22308-1300 (703) 768-5700 ext. 114 Email: Rentals@ahsgardening.org www.ahsgardening.org

AMERICAN HORTICULTURAL SOCIETY At RIVER FARM CHILDREN'S PARTY CONTRACT

To reserve a date and time for your event, please fill out this contract and mail or email it in with payment.

2-Hour Garden Rental, 30 or fewer guests at \$10.00 per person, during AHS open hours (Monday-Friday 9:00am to 5:00pm, except federal holidays, and April through October, Saturday 9:00am to 1:00pm.) Event Date: _____ Start/End times: _____ Number of Guests ____ **Event Cost:** _____* * PLEASE NOTE THE FEE **DOES NOT** INCLUDE USE OF THE HOUSE OR KITCHEN. NO CATERER PERMITTED. I, ______, understand that if the scheduled event is cancelled by me or anyone associated with my event, the rental fee of ______ that has been paid is non-refundable. I FURTHER AGREE THAT: The American Horticultural Society makes no guarantee of which garden will be available for your event or the appearance of any given garden. Other events might be held at River Farm the day of your event. Street signs are NOT allowed on the George Washington Parkway, per the National Park Service Children must be under adult supervision at all times. Hanging items such as piñatas, lanterns, banners, etc. in the trees is NOT allowed. All guests must wear shoes while on site. All trash must be taken with at the end of the event. No balloons, confetti, glitter. No sporting equipment such as balls, bats, rackets, Frisbees, water guns, horseshoes, etc.

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The estate house or tent may be available in case of inclement weather.



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I will be solely responsible for any property loss or damage, or personal injury, including death, arising from or in connection with the event or my use of the premises, except those caused by the gross negligence of AHS, its agent, servants, and employees. I indemnify and hold harmless AHS from any such loss, damage or injury, any claims thereof, and any related costs, including reasonable attorney's fees.

By signing below, Tenant agrees to the items noted on page 1 of this contract.	
Printed Name(s)	
Street Address	Daytime Phone (H/O/C)
City, State, Zip	E-Mail Address
Signature of Tenant	Date
and agrees to reserve the date of	Society acknowledges receipt of the tenant's payment of and the time frame of for
the event noted on Page 1. The payment is non-	-refundable.
Signature of AHS Representative	 Date

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