

JACKSON BARRACKS MUSEUM AND RECREATION CENTER
6400 St Claude Ave
Jackson Barracks
New Orleans, LA 70117

RENTAL POLICY

The following rental policy contains important information regarding the use of the Museum and or Recreation Center facilities. It is imperative that you read and understand the items listed. If you have any questions regarding the policy and its guidelines please discuss them with a Jackson Barracks Post Headquarters representative. The Renting Party must be a military / Federal Technician /State employee or their dependents. The Military member or the State employee must be present during the entire event and is responsible for any losses or damages to the facility. A post representative will be present at all scheduled events.

1. **APPLICATION:** All facilities rentals will require an application. No rental shall be considered until a completed and executed application is submitted with appropriate fees. All rental applications are subject to approval by the Post Commander.

2. **RENTAL FEES:** A rental fee of \$100.00 will be charged per event. A \$25.00 per hour charge for the post representative and \$25.00 per hour charge for the force protection officer if alcohol is served. Rental fees must be paid in full 15 days prior to the event. Check will be made payable to: Jackson Barracks MWR

3. **CANCELLATION POLICY:** A written cancellation request must be received by the Post headquarters, refunds will occur as follows:

-if written cancellation is received 5 days or more prior to the scheduled event a full refund will be given

-if written cancellation is received 4 days or less prior to the scheduled event no refund will be given

****In case of an all hazards event (emergency) Jackson Barracks facilities will be subject to mission by the LANG. The rental party will be notified of cancellation and full refund will be given.**

4. **TIME:** Each rental will be for a minimum of 2 hours not to exceed 4 hours.

5. **FACILITY SET UP:** The renting party will assist in the set up of the facility; set up will be based on the renting party's written request and diagram.

6. **DECORATION:** Decorations will be limited to tables only. No wall or ceiling decorations are permitted.

7. **CUSTODIAN SERVICES:** The renting party is responsible for the complete clean up of the facility which includes but not limited to floors swept and trash hauled off and bathrooms. Do not leave food, condiments, or leftovers.

8. **NO COOKING OR GRILLING:** Caterers will be coordinated with Mr Andrew Sercovich, 504-274-7688.

9. **NO SMOKING:** Our facilities are smoke free. This condition is strictly enforced. Any violation of this policy may result in the in the particular party being asked to leave.

10. **Indemnification/Hold Harmless:** The renting party, by executing this application, shall agree to indemnify and hold harmless the State of Louisiana, All State departments, Agencies, Boards and Commissions, Jackson Barracks, its officers, agents, servants and employees including volunteers, from and against any and all claims, demands, expenses and liability arising out of injury or death to any person or the damage , loss or destruction of any property which may occur or in any way grow out of this rental agreement.

11. **ALCOHOLIC BEVERAGE POLICY:** If alcohol is to be served, the following guidelines will be upheld:

a. Alcohol will be coordinated though the Jackson Barrack MWR Mr Andrew Sercovich.

b. Renting party must provide at least 2 designate drivers for those in need at the end of the function.

c. The Post representative, in their sole discretion, refuse alcoholic beverage to any person or close the bar in its entirety.

d. Police Detail - A force protection detail will be arranged by the Post; the cost of the detail will be added to your rental fee at a cost of \$25.00 per officer.

The facility agreement may be amended to fit the particular needs of the renting party. This would require the approval of the Post Commander.

Applicant Signature, (print & sign)

Date

Post Commander or his designee

Date

The following to be completed by the Post Commander or his designee

Date application received _____

| | Amount | Amount Received | Check # | Date Paid |
|------------|--------|-----------------|---------|-----------|
| Rental Fee | | | | |

Additional Cost:

Force Protection officer

Post representative