

**GWYNNE CONSERVATION AREA and NATURAL RESOURCES INTERPRETIVE CENTER (CABIN)  
RENTAL AGREEMENT**

640 ARBUCKLE ROAD, LONDON, OH 43140

**Contact Information**

Organization Name \_\_\_\_\_

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

*Street Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Event Details**

Dates: \_\_\_\_\_ TO \_\_\_\_\_ Time: \_\_\_\_\_ TO \_\_\_\_\_  
*Month / Day / Year Month / Day / Year AM or PM AM or PM*

Event Name: \_\_\_\_\_

Event Purpose/Comments/Needs: \_\_\_\_\_

Outdoor Use only, No Cabin Number of people in group: \_\_\_\_\_

Natural Resources Interpretive Center (Cabin) \$25 half day, \$50 full day

**Disclaimer and Signature**

*The fee for the use of the Interpretive Center and other services must accompany this form. Please make checks payable to The Ohio State University. Cash and credit cards (MC, Visa and AM EX) are accepted. OSU groups please submit e-request for payment.*

*Agreement Conditions: I (We) have read the Facility Use Guidelines and accept the responsibility for this property while I (We) am (are) using it. I (We) further indemnify and save and hold harmless The Ohio State University and their officers, agents and employees, from and against any and all loss, liability, damages, cost, and expense, including but not limited to reasonable attorney's fees for injury, death, loss or damage of whatever nature to any person or property resulting from tortuous acts or omissions by the user in connection with the use of the premises.*

_____ <i>Authorized Signature</i>	_____ <i>Date</i>	_____ <i>Printed Name</i>	_____ <i>Title</i>
		Matthew Sullivan	Superintendent, MCAC

**For questions about the Interpretive Center, contact the Office of the Farm Science Review (614) 292-4278**

**Return rental agreement to: Farm Science Review, 135 State Route 38 NE London, OH 43140, Email: [fsrinfo@osu.edu](mailto:fsrinfo@osu.edu)**

**Office Use Only**

Added to Calendar \_\_\_\_\_  
*Amount due Payment type Payment date*