



**THE NATIONAL
WWI MUSEUM
AND MEMORIAL**

National WWI Museum and Memorial
2 Memorial Drive | Kansas City | MO | 64108
816.888.8100 | info@theworldwar.org

EXPRESSIVE POLICY APPLICATION

APPLICANT INFORMATION (Please Print)

NAME OF APPLICANT:

NAME OF EVENT ORGANIZER/PRODUCER (if different from Applicant):

STREET ADDRESS:

CITY:

STATE:

ZIP:

E-MAIL ADDRESS:

DAYTIME PHONE:

FAX:

CELL PHONE:

EVENT INFORMATION (Please Print)

EVENT NAME:

REQUESTED LOCATION ON MUSEUM GROUNDS: *Submission of this application does not guarantee availability of the area requested.*

DATE OF EVENT:

*(Must be between
9 a.m. and 5 p.m.)*

START TIME:

FINISH TIME:

EXPECTED ATTENDANCE:

DESCRIPTION OF PURPOSE OF EVENT:

If an event or rental agreement will have 100 or more people, general liability insurance of \$1 million per occurrence and \$2 million aggregate, written on an "occurrence" basis listing the National WWI Museum and Memorial as the additional insured, is required. Please note: If any of the following are included as part of the event, then the event is considered a rental event: Not between the hours of 9 a.m. and 5 p.m.; Use of any amplification; Use of any equipment; Use of any power; Use of fireworks; Sale of concessions/sale or consumption of alcoholic beverages. (Nothing may be sold on park property with this standard permit. If you wish to have items for sale at your event, you or your organization must obtain a Facility Use and Concessions Agreement obtained from and approved by the National WWI Museum and Memorial.

SIGNATURE

Applicant will indemnify and defend the National WWI Museum and Memorial, its officials, and employees (the "Indemnitees") against any losses, costs, damages, liabilities, claims, suits, actions, causes of action and expenses that the Indemnitees may suffer, incur, or sustain or for which it or they may become liable resulting from, arising out of, or relating to a negligence or intentional misconduct by the applicant of the sponsoring organization, its officers, employees, or any person under its control in connection with this permit. This policy application is subject to change without notice.

I do solemnly swear (or affirm) that all answer given and statements made on this application are full and true to the best of my knowledge. I am 18 years of age or older, and I have read the requirements and conditions accompanying this document and agree to abide by them.

SIGNATURE OF APPLICANT

DATE

APPROVED BY NATIONAL WWI MUSEUM AND MEMORIAL ADMINISTRATOR (PERMIT NOT VALID W/O SIGNATURE)

DATE