



**THE CORPORATION OF THE TOWNSHIP OF UXBRIDGE
CIVIL MARRIAGE BOOKING AGREEMENT**

Celebrant's Name: _____

Celebrant's Name: _____

Date of Marriage: _____

Anticipated Number Attending: _____

Time of Ceremony: _____

Contact Telephone No.: _____

1. SMOKING, CANDLES, CONFETTI OR RICE are not allowed in or on the property.
2. The Celebrants, as the renters of the Council Chamber/Boardroom for the civil marriage ceremony, do hereby consent to defend and indemnify the Township of Uxbridge for any loss or damages incurred by their invitees. The Celebrants agree that the Township of Uxbridge will not be held responsible for personal injury or damage, nor for the theft or loss of any personal property of anyone attending on the invitation of the Celebrants.
3. The renter shall be responsible for the conduct and supervision of all persons admitted to the Council Chamber/Boardroom and shall see that all regulations pertaining to the event are strictly followed.
4. The Council Chamber/Boardroom may only be used for civil marriage ceremonies conducted by Municipal Staff.
5. All exits must be kept free from obstruction in case of fire.
6. The Council Chamber/Boardroom will be available for a maximum of one and one half hours for the scheduled marriage ceremony.
7. Music deemed by the Officiate to be appropriate to the occasion will be allowed.
8. Changes to date and/or time are allowed provided that the Council Chamber/Boardroom and the Officiate are available. Requests to change a date and/or time must be received a minimum of 48 hours prior to the original scheduled date and time and will be subject to a \$25.00 Administration Fee.
9. Both parties must be in attendance and ready to proceed at least 10 minutes before the scheduled time of the ceremony. The marriage officiant may, at their discretion, cancel the Ceremony when the couple arrives ten (10) or more minutes after the scheduled start of the ceremony."
10. Please note that the cost of the marriage ceremony is **non-refundable**.

A BOOKING IS NOT CONFIRMED UNTIL THIS AGREEMENT IS COMPLETED AND RETURNED TO THE MUNICIPAL CLERK'S OFFICE WITH FULL PAYMENT OF \$350.00, PLUS HST.

Signature of Responsible Party _____ Date _____

***If applicable, a fee of \$35.00 (plus HST) per witness*