

# EVACUATION PLAN

## Post in a Public Place on or Near Rented Item(s)

The undersigned ("Lessee") is renting on or more tent(s) or other temporary structure(s) ("Rented Structure(s)") from House of Rental ("Lessor"). Each Rented Structure is a "temporary structure" meaning it is intended to provide only temporary accommodations. Temporary structures are **NOT DESIGNED FOR USE AS A SHELTER IN SEVERE WEATHER.**

### **THE TENT OR OTHER RENTED STRUCTURE(S) MAY NEED TO BE EVACUATED**

If Severe Weather Threatens/Occurs, or in other types of emergency situations.

**Designated Point Person(s)** (The person(s) who will be in charge of Lessee's emergency plan and will be on site for the Lessee's entire event. The point person(s) will be responsible during the event for monitoring the weather, determining whether to evacuate, and acting decisively and authoritatively to instruct guests to do so):

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Emergency conditions** to be particularly aware of (check all that apply to your region/seasonality):

Lightning  
Hail or Sleet  
Damaging Winds  
Earth Movement

Heavy Rainfall  
Flash Flooding  
Snow Accumulation

Ice Storm  
Smoke, Fire or Explosion  
Gas Leak

### **Emergency Shelter**

Name/Identification: \_\_\_\_\_ Phone No: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Confirmed the shelter will be open and available: \_\_\_\_\_ Yes

**Evacuation Route** (From Rented Item(s) to Emergency Shelter): \_\_\_\_\_

### **Backup Method for Communication:**

PA                      Cell Phone                      Walkie Talkie                      Bull Horn                      Other

### **During Event**

An initial announcement of location of emergency shelter will be made.                      Yes                      No

If yes, by whom: \_\_\_\_\_

### **Options to monitor weather:**

Weather Alert Radio                      Radio                      TV                      Cell Phone App                      Other

### **Emergency Contact Numbers:**

Fire Department: \_\_\_\_\_                      Hospital/Med. Center: \_\_\_\_\_  
Police: \_\_\_\_\_                      On-Call Physician/EMT/Nurse: \_\_\_\_\_  
Event Planner: \_\_\_\_\_                      Rental Customer: \_\_\_\_\_

**Questions? Contact House of Rental's Manager on Duty at 847-677-2010**

**Signature of Lessee (Provider of Evacuation Plan):** \_\_\_\_\_