

## Riverbend Wellness: Room Use Agreement Form

7815 NYS Route 3

Harrisville, NY 13648

www.RiverbendWellnessNNY.com

(518) 536-6956 ReginaPanettiLMT@gmail.com

Name of Individual(s) or Organization Requesting Use of Space:

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Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Purpose of Occupancy/Brief Description of Planned Activities: \_\_\_\_\_

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Occupancy Dates & Times: \_\_\_\_\_

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### RATES:

\$10 per hour

\$40 per full day (Within the hours of 8am-8pm)

A 50% nonrefundable deposit is due at time of reservation. Remaining balance to be paid no later than the first day of the month occupant intends to make use of the facility. If reservations are approved with less notice than 2 weeks, the full rental amount will be due at time of reservation.

These rates represent solely the occupancy of the Riverbend Wellness facility. Occupants are welcome to make use of bathroom amenities and drinking water on site. Please supply your own materials, linens, equipment, tables, etc. If you have needs of the equipment or materials on-site, please contact the owner to make these arrangements. Any individual requesting use of the space agrees to maintain cleanliness of the items used. If damage to any of the items occurs, due to either accident or negligence, individual/organization agrees to pay 50% of the replacement costs for the items. Items may include:

yoga mats       yoga blocks & straps       yoga blankets       washer & dryer

massage/private practice table       other: \_\_\_\_\_

STANDARDS OF USE:

Occupants will conduct themselves respectfully in regards to keeping noise volume to a reasonable level so as not to disturb other tenants in the building. Safety of all is of utmost importance, so both activities and behaviors of individuals and groups will reflect a “Do no harm” code of conduct. Please ensure furnishings and décor are treated with care. Cleanliness standards follow the “Leave it as you found it” policy. Please see to it that floors are swept/vacuumed, surfaces are cleared of debris/spills, and bathroom facilities are clean. Cleaning spray, cloths, and trash bags will be provided. Trash cans are to be emptied into the storage room receptacle. Any changes to the thermostat will be returned to the original settings at the end of facility use. Occupants will adhere to the timeliness outlined in this agreement, occupying the space only during times listed. No consumption of alcoholic beverages is permitted.

Proof of a general liability insurance policy will be required from any individual/organization conducting sessions with clients as part of a private practice, or conducting group exercise classes involving physical activities. A copy of this policy is to be provided at time of reservation.

Deposit Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Form of Payment: \_\_\_\_\_

Balance Paid in Full: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Form of Payment: \_\_\_\_\_

As the representative(s) of \_\_\_\_\_

(self/organization,) I agree to assume responsibility for both the facility and occupants of the facility as it relates to the times I/my organization will be occupying the Riverbend Wellness facility. Additionally, I agree to uphold the “Standards of Use” outlined in this agreement. If any terms of this rental agreement require alteration, I will contact the owner of Riverbend Wellness.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Riverbend Wellness approval for use of items as marked above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_