



Hidden Springs Wellness Center Event Rentals
 635 Lit Way
 Ashland, OR 97520

Use Agreement for Room Rental

Reservation Dates/Times Requested: <hr/> <hr/>	
Contact: <i>Name:</i> _____ <i>Address:</i> _____ <i>City, Zip</i> _____	Email and Phone Number: <i>Email:</i> _____ <i>Phone (Home)</i> _____ <i>Phone (Cell)</i> _____
Organization: <hr/> <hr/>	Description of Event, incl. # expected: <hr/> <hr/>

This Use Agreement is made and entered into by and between Hidden Springs Wellness Center, heretofore known as HS, and _____, heretofore known as USER.

The parties herein agree as follows:

1. This Use Agreement covers the use of the HS facilities listed above.
2. The premises stated above will be used by USER for the sole purpose stated above. The premises shall not be used for any purpose by other person(s) or organization(s) without express written permission of HS.
3. The period of this Agreement shall be limited to the dates and times listed above.
4. The full rental fee (due 30 days prior to event) for this rental is: \$_____.
5. A Reservation Deposit equaling 25% of the full rental fee totaling \$_____ is required to hold the room and due on the signing of this agreement.
 (Paid on _____, Rental Coordinator Initial: _____)
6. The Remainder of the Payment, totaling \$ _____, **is required 30 days before the USER can use the premises.**
 (Paid on _____, Rental Coordinator Initial: _____)

7. The USER warrants and promises that he/she/it will return the premises to the same condition as found prior to the event, using the HS checklist as a guide. Furthermore, USER has read and understood the attached Hidden Springs Room Rental Guidelines (including cleaning and damage fees).
8. The USER has full financial responsibility for costs incurred by loss or damage to HS facilities or equipment. As a **Security Deposit**, either a valid credit card number or a check totaling **\$200** is required to be on file before the event. It will not be charged/cashed unless it is determined that funds are needed to repair, restore or clean the premises due to actions by the USER. In such case(s), USER will be refunded the remainder after repairs/cleaning fees are deducted.
 Security Deposit check collected on: _____
 Security/Cleaning Damages and Total: _____
 Security Deposit check destroyed or amount refunded: _____
9. Reservation Deposit and Security Deposit will be remitted via separate checks, made payable to: **1651 Siskiyou Blvd**
10. The following restrictions apply to the use of HS premises:
 - a. No violation of any law, regulation or ordinance.
 - b. No use of any alcoholic beverage, illegal drugs or tobacco in any form on the premises. No person under the influence of said substances is allowed on the premises.
 - c. The USER will not allow any other person to use the premises except those involved in their event.
 - d. The USER will not assign the rights of this agreement to any other party without the express written consent of HS.
 - e. The USER will not cause a nuisance to our neighbors and will vacate the premises by the time agreed to earlier in this use agreement.
11. In the event litigation is commenced by HS to enforce any obligation of the USER under this use agreement, HS shall be entitled to, in addition to any other remedy, payment by the USER of its attorney's fees incurred, both in the trial court and appellate court.
12. As it is not part of the rental agreement, usage of the audio/visual system is by courtesy only. There is no one on call should problems occur. If the audio/visual system is vital to your presentation, you may want to have a back up available.
13. Should the USER wish to cancel their event, the following refund policy applies:
 - a. Security deposit is fully refundable.
 - b. Deposit is fully refundable if cancelled 90 days in advance.
 - c. Deposit is 50% refundable if cancelled 60 days in advance.
 - d. **The full rental fee, including deposit, is not refundable if cancelled within 30 days or less. Please initial that you understand and agree to the the terms of cancellation: _____.**

HS: _____ Printed: _____ Date: _____

USER: _____ Printed: _____ Date: _____