

CLASSROOM RENTAL AGREEMENT

RENTER:

Organization Name: _____

Responsible party: _____

Email: _____

Mailing

Address: _____

Telephone # _____

Briefly Describe Type of Function: _____

Date of Function: _____

Time of Function: _____

CHARGES: The renter will be charged \$50.00 per hour for four hours or more per day or \$350.00 for a total of eight hours. The room rental charges are due and payable prior to the start of the rental activity.

The fee for room rental will include use of tables, chairs and white board. Renter is strongly encouraged to come in prior to the reservation day for functionality and compatibility. Bellevue Massage School will make the identified equipment available but does not guarantee its ability to perform needed tasks.

There will be a refundable **\$100.00** cleaning/security deposit required to secure a reservation. If the room is left in clean shape; garbage in the cans, tables and chairs in their original set up position and no carpet damage this deposit will be returned. The renter must cancel within seven calendar days from the booking date or the deposit will be forfeited.

Renter agrees to be responsible for any damage done to the room or any other part of the site by the renter, his/her guests, invitees, employees, independent contractors, or other agents under the renter's control.

Damages to equipment will be billed to the renter or his/her insurance at replacement cost.

_____ agrees to indemnify, defend, and hold harmless Bellevue Massage School and its officers, directors, agents, and employees from and against any and all demands, claims, and damages to persons or property, losses and liabilities, including reasonable attorney's fees, arising out of or caused by _____ or its attendees' negligence or willful misconduct.

We ask that the hold harmless statement attached be completed and signed prior to date of rental.

Bellevue Massage School will not assume or accept responsibility for conditions beyond the control of the Association or damage to or loss of any items left in the room prior to, during, or following the renter's function.

Optimum room occupancy is 20-50 but can hold a maximum of 50. Classroom sizes vary.

Under no circumstances will alcoholic beverages be served or consumed on the property.

If renter borrows and fails to return the key for the above room within 1 working day of the scheduled completion of the event, the room will be re-keyed at renter's sole expense.

We reserve the right to refuse use of facilities in the event we feel the content or subject of the intended use could be deemed to harm, damage, or not be in the best interest of Bellevue Massage School or its members.

For functions, renter agrees to include the following disclaimer on all marketing materials; "This content is not endorsed by Bellevue Massage and its members but is the view of the presenting organization."

It is understood by renter that this agreement is tentative and not binding until cleaning deposit payment and this signed agreement are received.

Renter Signature

Date

BMS Personnel Signature

Date

Hold Harmless Agreement for Classroom Rental

Liability Release: As the renter/responsible party /lessee I/we hereby agree to release, hold harmless, and discharge Bellevue Massage School, it's officers, directors, representatives, assigns, and insurers, (hereinafter collectively referred to as "Associates") of and from all claims, demands, causes of action and legal liability, whether the same be known, or unknown. I/we shall not bring any claims, demands, legal actions and causes of action, against Bellevue Massage School and its Associates for any reason in regards to classroom rental. I/we accept all responsibility for any/all damages that may be caused by our rental activities and agree to make Bellevue Massage School whole for any damages incurred.

Sign & Agreed Upon:

Renter Signature

Date

Renter printed name

Renter address/phone number

BMS Personnel Signature

Date

Payment

By Cashier Check, made payable to:

Bellevue Massage School
15921 NE 8th Street Suite C106
Bellevue, WA 98008
(425)-641-3409

By Credit Card--) Visa) Master Card) Discover

Please charge: cleaning deposit \$ _____ /rental \$ _____

Note there is a credit card convenience fee of \$2.50 for \$100 or less, \$5.00 for over \$100

Total to be charged \$ _____

Card No. _____

Expiration Date _____

Signature _____