**AVENS – A Community for Seniors**
**Suite 1, 5710 – 50 Avenue**
**Yellowknife, NT X1A 1G1**

# Pavilion Yoga Studio

## Rental Agreement Form

| | | |
|---|---|---|
| **Name of Organization/Group/Client:** | | |
| **Mailing Address:** | | |
| **Postal Code:** | | |
| **Main Contact Person:** | | |
| **Main Contact Phone:** | | **Cell:** |
| **Main Contact Email:** | | |
| **Secondary Contact Person:** | | |
| **Secondary Contact Phone:** | | |
| **Secondary Email:** | | |
| | | |
| **Number of Persons using the Room:** | | |
| **Date of Room Rental:** | | |
| **Arrival Time:** | | **Departure Time:** |
| **Daily Room Rental Rates** | ☐ **$300 For-Profit Organization**<br>☐ **$200 Not-for-Profit Organization**<br><br>**Add On:**<br>☐ **$**<br><br>**Total Cost:_____ Payment Method:_____** | |
| **Room Setup** | ☐ **Additional Items:** | |

| | |
|---|---|
| **Keys & FOB** | ☐ The undersigned, understand the FOB issued to me by Pavilion Yoga Studio room is for my use only. I agree to keep the FOB in a secure way and to advise the Pavilion immediately if it should be lost or stolen. I understand that if I do not use the FOB in a responsible manner, I will be asked to return the FOB to the Pavilion.<br>☐ When using the FOB, as the user, you are responsible to ensuring no one passes through the doors that should not. This is for the security and safety of our residents/tenants.<br>☐ You are responsible for returning the FOB when no longer needed.<br>☐ **Replacement FOB will be $50.00.** |

We, as an organization/group/client will be oriented to the basic emergency evacuation procedure for the AVENS Pavilion Yoga Studio and agree to assist all people in our group in understanding the basic evacuation procedure. We understand that in the absence of a contact person, another person from our group will be designated to assist all members of our group, if an emergency evacuation is necessary.

**Main contacts for all AVENS emergencies are:**

- ✓ AVENS Reception (867) 920-2443 Ext. 100
- ✓ Tanya Doherty, Executive Assistant (867) 920-2443 Ext. 104
- ✓ Steven Nicholas, Director of Operations (867) 445-5001
- ✓ Sara Fullerton, Chief Financial & Technology Officer (867) 920-2443 Ext. 102

We also understand that AVENS will not be supervising the activities that take place in the AVENS Pavilion Yoga Room during our event, and that we, not AVENS, are responsible for ensuring that those activities are conducted safely and that they do not pose a risk to the people who attend our event.

**Responsibility:**
I have read and understand the terms and conditions of this agreement, its conditions, and I understand our obligations as set out by AVENS and the use of their facility Rooms.

Signed:_____Date: _____

Signed by (Print): _____

Witness Signature:_____ Date:_____

Witnessed by (Print): _____

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# Terms and Conditions for the Pavilion Yoga Studio (the "Room")

- The rental of the Rooms must be done through the Executive Office, 920-2443 ext. 100.
- NOTE: **NO ALCOHOL IS PERMITTED IN THE ROOM**

**Set-up and clean-up of the groups using the Pavilion Yoga Studio**

- ☐ Garbage will be tied off in a black garbage bag and placed in the Garbage Room.
- ☐ All furniture must be rearranged back to its original position. Chairs placed in original position.
- ☐ Use of the television, HDMI connection available. Orientation of their use will be provided.

Please note that we are only able to loan out these Rooms if they are kept in good order by those who use them. Our staff members are not responsible for cleaning up major messes and are only there to do final cleaning and sterilizing for infection control.

Should there be a mess that you are unable to manage with the equipment supplied, please call to let us know. You may leave a message for the Housekeeping Department at (867) 920-2443 Ext 132.

## Cancellation Policy

- All reservations require at least 5 business days' notice of cancellations.
- The Client agrees to pay for any missing or damaged equipment, walls, furniture, AV equipment.
- The Client agrees to all terms and conditions.

I,_____agree to the above requirements/rates for the use of the Rooms and will complete the checklist ensuring all items are completed before leaving.

Signed:_____Date: _____

Signed by (Print): _____

Witness Signature:_____ Date:_____

Witnessed by (Print): _____