



FACILITY AGREEMENT FORM

**PLEASE READ ALL ITEMS BELOW THOROUGHLY BEFORE
SIGNING AND DATING THE DOCUMENT**

1. I have received and read the Hopedale Wellness Center Rental Regulations for the facility. I have requested and agree to and will abide by the rules and regulations before, during and after the event.
2. I understand that I must be 19 years or older to be the responsible party for this rental and that I must be present for the duration of the rental.
3. I understand that the Hopedale Wellness Center reserves the right to approve or deny any rental request and to cancel or move any scheduled event without liability.
4. I understand that half the cost of the rental is due as a deposit at the time of the rental booking. I understand that I shall forfeit this deposit if I fail to meet the conditions of the Facility Rental Regulations. I understand that I must pay my rental balance in full prior to or on the rental date.
5. I understand that cancellations must be submitted in writing to the Facility Manager, by the person who signed the contract, two weeks prior to the event to receive a deposit refund and that refunds will not be granted to cancellations made less than two weeks before event.
6. I understand that I am responsible to see that all activities are properly controlled and supervised and for the conduct of all guests attending the event as outlined in the Facility Rental Regulations.
7. I understand that I may be asked to reduce noise levels. If compliance is not met, renter violates agreement of contract and may be asked to leave and lose future rental privileges and deposit.
8. I understand that I must have approval from the Facility Manager for the use of the amplified sound system.
9. I understand that I may be asked to reduce the music level if too loud. Music played must be language and subject matter appropriate for use at a community center (no bad language lyrics). If MOD finds selection inappropriate you will be asked to make another music selection.
10. I agree to leave and make sure all guests and/or vendors have departed by the designated end of event.

11. I understand the cleanup duties that are required of me include returning the room to the same condition in which it was found at the beginning of the event
12. I understand that the consumption of alcohol is prohibited on all Hopedale Medical Complex facilities for all rentals.
13. I understand that smoking and use of tobacco products and vaping, is prohibited on all Hopedale Medical Complex facilities and parking lots for all rentals.
14. I understand rice, confetti, glitter, or similar materials are not allowed inside facility at any time.
15. I understand that if I rent out the facility to facilitate a camp or group activity and charging each participant for it, it is my responsibility to collect payment and manage participant registration.
16. I understand that if I rent out the facility to facilitate a camp or group activity and charging each participant for it, it is my responsibility to provide information to the Hopedale Wellness Center to promote the event through the Hopedale Wellness Center marketing outlets.

I HAVE READ THE ABOVE AND AGREE TO ABIDE BY ALL TERMS AND CONDITIONS SET FORTH IN THE FACILITY RENTAL AGREEMENT, AND THAT FAILURE TO ADHERE TO THESE REGULATIONS WILL INCUR FINANCIAL PENALTIES AND POSSIBLE LEGAL ACTION.

I _____ certify that all the information above is accurate and correct. I have read the Facility Rental Regulations pertaining to the use of the Hopedale Wellness Center facilities and will (1) be responsible for all injuries caused by such use, (2) adhere to the rental hours agreed to through the signed contract and (3) reimburse the Hopedale Wellness Center for all loss or damage to equipment/property caused by such use.

In consideration of participation as specified at the location requested, for the date(s) and time(s) requested, I do hereby release and hold harmless the Hopedale Medical Complex and Wellness Center from any and all liability or claims for damage or injury to person or property of the undersigned due to client use of facility as documented on the contract, by reason of any act or omission by the Hopedale Medical Complex, Wellness Center or any of its officers, agents or employees or the condition of its property.

Signature of Renter: _____

Date: _____