

**SQUIALA FIRST NATION CONFERENCE ROOM
RENTAL AGREEMENT**

(Prices in effect from January 2015 to July 2015)

MANDATORY FEES:

Booking Fee: \$ 30.00 \$ _____

**Fee is payable upon Rental Booking.*

Rental Fee:

\$30 per Hour (up to 4 hours) \$ _____

\$150 per Half day (5 – 6 hours) \$ _____

\$250 Full day (6 hours or more in one day) \$ _____

Damage Deposit: \$ 150.00 \$ _____

*Refundable if no damage is assessed in accordance
With schedule outlined in Part 3 of this agreement*

Maintenance Fee: \$ 25.00 \$ _____

Insurance Fee: \$ 20.00 \$ _____

Sub Total (A) \$ _____

FEES FOR EXTRAS:

Coffee Urn Rental \$ 15.00 \$ _____

Use of Kitchen \$ 100.00 \$ _____

Sub Total (B) \$ _____

TOTAL FEES PAYABLE (A + B) Cash, Cheque / Money Order \$ _____

EVENT INFORMATION

Type of Function: _____

Date of Function: _____, 20_____

Time of Function From: _____ am/pm To: _____ am/pm

Number of People Attending: _____

RENTER INFORMATION

Name(s) of Renter(s): _____

Address: _____

_____ Postal Code: _____

Bus. Tel. # _____ Home Tel. # _____ Other _____

Bus. Tel. # _____ Home Tel. # _____ Other _____

AGREEMENT

In exchange for the use of the Squiala First Nation Conference Room, I hereby agree that I have read, understood and agree to abide by the terms, conditions and responsibilities outlined in this Agreement; including all terms and conditions set out on both pages of this Agreement.

Sign here and again on page five (5).

Print Name: _____

Sign _____ **Date** _____

Print Name: _____

Sign _____ **Date** _____

SEE TERMS AND CONDITIONS ATTACHED.
TERMS AND CONDITIONS

1. FACILITY:

The Conference Room is rented on an “as is” basis. Renters must adhere to all SFN laws, by-laws and policies including fire and safety regulations. The Conference Room must not be used for any illegal purposes. Payment of all fees due permits the Renters and their guests the use of the Conference Room and washrooms only. Renters of Conference Rooms are not permitted to use the Gymnasium for any purpose.

2. BOOKING:

Tentative bookings are not permitted. The Conference Rooms are not considered booked until the Rental Agreement is signed by all Renters and all fees are received in full.

3. DAMAGE DEPOSIT:

A \$150.00 Damage Deposit is due upon booking. Damage Deposit is refundable if no damage assessed within ten (10) Business days after rental date.

4. CANCELLATION:

In the event of cancellation the Rental Fee will be retained as follows:

- (a) 21 days’ notice or less – Full Rental Fee
- (b) 22 – 41 days’ notice – 50% of Rental Fee
- (c) 42 – 60 days’ notice - 25% of Rental Fee

The Damage Deposit and Maintenance Fees will be returned in full, regardless of the period of notice given by the Renter (s).

6. PARKING:

(a) Renters, their authorized guests shall not use or allow use of the Centre parking Lot for any activity other than parking Insured vehicles.

(b) Renters and guests/meeting delegates bear full responsibility for all vehicles and contents.

7. RESTRICTIONS:

(a) Nothing may be pinned, nailed or stapled to any wall, door, ceiling or floor.

(b) Smoking is NOT permitted anywhere in the SFN Centre or within fifty (50) feet of the building at Anytime.

8. INDEMNITY:

The Renter(s) covenant(s) at all times to indemnify and save harmless SFN, its elected officials, Representatives, officers, employees and contractors from any and all claims, damages, charges or costs arising from the use of the Conference Room or use of the Centre and the Centre Parking Lot by the Renter (s) their invited guests / Meeting delegates.

9. INSURANCE:

Conference Room will be covered under the SFN Centre’s insurance at a cost of \$20 payable by the Renter (s).

10. INDEPENDENT LEGAL ADVICE:

I have been advised to seek independent legal advice before signing this Agreement.

Print Name: _____

Sign: _____ **Date** _____

Print Name: _____

Sign: _____ **Date** _____

INTERNAL USE ONLY

Damage Deposit Received on Date _____

Cash, Cheque/Money Order # _____ **Amount \$** _____

Damage Assessed:

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.....

Deductions:

() Damages Assessed \$ _____
(See details above)

TOTAL REFUND (A) + (B) \$ _____
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REFUND:

Cash, Cheque/Money Order # _____ **Amount \$** _____

Refunded on Date: _____

Employee Signature: _____