

Facilities Contract and Policies for WORKSHOPS and/or WEEKEND RENTALS

This agreement is made between CFW and Workshop Leaders to rent:

Studio A only by the hour

Studio B only by full-days or entire weekend rates -

Workshop Leader: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____

E-Mail Address: _____

Name of Workshop: _____

Description of Workshop: _____

Contract Beginning Date: _____

Contract Ending Date: _____

Facilities Contract and Policies for Workshop Facilitators

This agreement is made between CFW and Applicant/Instructor to rent:

Studio A only by the hour by the day by the weekend

Studio B only by the hour by the day by the weekend

Facility Rental Fees



4041 N. High St. Suite 100

Columbus, Ohio 43214

Phone: 614.784.8488

Website: www.CFWOhio.org

E-mail: cfwoh@googlegroups.com

Daytime Weekly Hourly Rate: Monday-Friday 8am-5pm

Studio A: Members \$16 per hour; Non-Members \$18 per hour

Studio B: Members \$14 per hour; Non-Members \$16 per hour

Evening Weekly Hourly Rate: Monday-Thursday 5pm-10pm

Studio A: Members \$23 per hour; Non-Members \$25 per hour

Studio B: Members \$19 per hour; Non-Members \$23 per hour

Weekend Hourly Rates: Friday 6pm- Sunday 6 pm

Studio A: Members \$25 per hour; Non-Members \$30 per hour

Studio B: Members \$19 per hour; Non-Members \$23 per hour

Full Day Weekend Rental: Saturday or Sunday

Studio A: Members \$175; Non-Members \$200

Studio B: Members \$150; Non-Members \$175

Entire Weekend: Friday Evening, Saturday and Sunday

Studio A: Members \$300 (per hour \$37.5); Non-Member \$360 (per hour \$45.00)

Studio B: Members \$240 (per hour \$30.00); Non-Members \$300 (per hour \$37.50)

Checks should be made payable to: The Center for Wholeness

A \$25.00 fee will be assessed on all returned checks

Applicant/Instructor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____

E-Mail Address: _____

Name of Class: _____

Description of Class: _____

Contract Beginning Date: _____

Contract Ending Date: _____

Liability Insurance:

Please attach a copy of your active liability policy that shows the dates of coverage.

PAYMENT

Workshops:

A 25% non-refundable deposit is required for all workshops.
Space will not be reserved until the deposit and signed contract are received.
Payment in full is due the day of the workshop.

Exceptions:

Any exceptions to the policy must be submitted to the Center for Wholeness Board for approval.

In case of cancellation due to weather, no monies will be refunded but the workshop may be rescheduled at no additional cost.

Facilities Policies

When using the Center, you must respect all of the facility and assure there is no damage to the Center from your event. No tacks may be used on the walls. No sharp-edged furniture, equipment, or shoes may be used on the floor without a mat. No cooking equipment with open heating elements is permitted in the Center. No alcohol may be served and no smoking is permitted. Crock pots, microwaves and coffee urns may be used. Please make sure that whatever was used is cleaned and put away properly, i.e., empty the urn and clean it out.

Each time that your event has concluded, you must return the chairs and props to their original order. The thermostat should be returned to the stated setting as posted on the wall by the thermostat. If the Center has been damaged in any way, you will be responsible for all repairs or replacement of any damaged items or area. If food was brought in, i.e. snacks or lunches at a workshop, please vacuum before leaving.



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Center for Wholeness assumes no responsibility for any items left behind.

By signing this contract, the renter agrees to be responsible for the behavior of all persons attending the above referenced workshop. The renter does not hold the Center and its members responsible for any liability of any injury, damage, or loss that may occur to anyone during the use of the Center.

The renter agrees to hold the Center and its members harmless for any claims and expenses, including attorney fees made against or incurred by the Center for such injury, loss, or damage.

I have read, understand, and agree with the terms of this contract and will be responsible for enforcing the policies of Facility Rental at the Center for Wholeness.

Signature of Renter: _____

Print Name: _____ Date: _____

Accepted By: _____ Date: _____

Below is the Center's liability form. If you have your own form that you use for your classes that may be used instead. Please keep a copy for yourself and make a copy for Janice George.

Center for Wholeness – Student Participation Form

Please print clearly. Provide contact information in case of inadvertent class cancellation. Signature and date is required at bottom of the form before participation.

Name of Instructor and Class _____

FIRST NAME _____ LAST NAME _____

Provide the best number to reach you in case of a class cancellation & circle the best time to call this number.

Home number: (____) _____ - _____ day/evening/any time

Work number: (____) _____ - _____ day/evening/any time

Cell number : (____) _____ - _____ day/evening/any time

EMAIL: _____

Have you taken yoga before? No___ If Yes: How long? _____

What do you wish to gain from class? _____

Medical Alert (injuries, physical limitations, ailments, etc.). If there is a current condition for which you are under treatment please note a licensed medical practitioner has approved your participation.

In case of emergency please contact:

_____ Phone: (____) _____ - _____

Relationship: _____

Acknowledgement and Acceptance of Risk and Responsibility

In consideration of being allowed to participate in Center for Wholeness yoga classes, the undersigned acknowledges, appreciates and agrees that: There are risks



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inherent in the nature of yoga instruction and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my participation, I will bring such to the instructor's attention immediately and/or remove myself from participation. _____ Initial

Yoga and physical exercise is an individual experience. I understand that in Yoga, and in any other exercise class, I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing Yoga or any other exercise. I also agree to participate only in those classes that are at my level of safe practice. _____ Initial

In case of injury or damages, I do hereby release and hold harmless Center for Wholeness, its elected and appointed officials and employees, the organizers, sponsor, supervisor or any volunteer connected with the program from any and all claims, injuries, damages, or losses in the program. I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In the absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. _____ Initial

Release of Liability

I, the person named, being above age eighteen, or Guardian if a minor, acknowledge and accept full responsibility for my participation in yoga instruction through Center for Wholeness. My signature indicates that I have read this entire document, understand it completely, and agree to be bound by its terms. I am aware that I am giving up important legal rights I might have. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign of my own free will.

Signature: _____ Date: _____

Participant (or Guardian)



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