

Deaf and Hard of Hearing Service Center

Community Room Agreement

Reserving Party Name: _____ Contact Person: _____

Purpose or Type of Event: _____

Contact Phone Number: _____ Email/Pager Address: _____

Contact Full Address: _____

Dates Needed: _____ Event Start Time: ___ End Time: ___

Number of Attendees: _____ Arrival Time: _____ Departure Time: _____

Room Usage Guidelines:

I agree to hold DHHSC harmless and to indemnify DHHSC for any injuries or damage which occurs in connection with this agreement. I assume full and complete responsibility for any damage to property at DHHSC that may result from the use of DHHSC's facilities. I assume full responsibility for any injury to persons who are on DHHSC's premises or using DHHSC's facilities in connection with this agreement. I understand that DHHSC assumes no liability for injuries or damage to any person or personal belongings that occur during the use of DHHSC facilities by outside parties. I will pay for any extensive damage done to DHHSC property that occurred including any deductibles and out of pocket expenses that DHHSC may incur.

Please Read and initial:

*I agree to leave the room as found. Please indicate your layout and equipment needs on page 2. _____

*I agree not to solicit or advertise any product or services (i.e.; through business cards, fliers, posters, etc.) **without prior written approval from a Supervisor or Executive Director.** _____

*Refreshments Permitted: Clear liquids only (7UP, tea, coffee, apple juice, etc.), rolls, sandwiches, etc. **Alcoholic beverages are prohibited, smoking permitted outside in designated areas only.** _____

*To help keep our carpet clean, please avoid placing drinks and food on the floor, provide tables upon which participants may use to lay their food and drinks. Please clean all spillage and spoils immediately with a damp cloth. Be careful when removing trash to ensure there are no leaks from the trash bags when carrying across the room to the dumpster. _____

*You are required to become familiar with emergency and evacuation procedures. _____

*For independent organizations hosting an event we will require a Certificate of Liability Insurance 15 days prior to your event naming DHHSC as additional insured. _____

*You are responsible to provide your own child care. Children must be supervised at all times. DHHSC holds no responsibility for children injured. _____

I agree to all of the above and agree to refer to the facility as DHHSC Stingley Community Center in all publicity.

Reserving Party Signature

Print Name

Date

DHHSC Representative Signature

Colleen Coletti

Date

Thank you for choosing DHHSC as the site for your event!

PLEASE NOTE: In the event that all meeting/conference rooms are scheduled on a given date, and the business of DHHSC must take precedence, the event/ meeting shall be scheduled in other conference/meeting rooms, or arrangements made elsewhere by the scheduled agency. In no instance will DHHSC cancel, reschedule or move a scheduled event/meeting without a minimum 72 hours advanced notice.

Room/Equipment Rental Fees and Terms

Hourly Room Rate: \$50.00 (week-days) \$70.00 (week-ends)

Week-day Full Day Community Room Rate: \$275.00 (8 hours max.)

Weekend Community Room Rate: \$395.00 (8 hours max)

Setup Fee: \$80.00

Equipment Rental

Proxima Projector: \$25.00

Laptop Computer: \$50.00

White Board & Supplies: \$5.00

2 Hand Held Microphones: \$10.00

Required Deposits

Cleaning Deposit: \$100.00

Cleaning Deposit Due: The day the room is reserved

Return of Deposit: Returned based on inspection of room used

Room Rental Deposit: 50% of total room rental

Room Rental Deposit Due: Day the room is reserved

Full Payment: Due 15 days prior to event date

Cancellations

Fully refunded if cancellation is 15 days prior to the event

Will NOT be refunded if cancellation is less than 15 days prior to the event

Certificate of Insurance

Every person, group, or organization using Deaf and Hard of Hearing Service Center, Inc. facilities under this agreement shall procure and maintain, in full force and effect, during the period of permitted use, a policy of insurance satisfactory to Deaf and Hard of Hearing Service Center, Inc. which shall insure Deaf and Hard of Hearing Service Center, Inc. against any liability of whatsoever nature on account of bodily injury (including death) or property damage arising out of or in connection with the event or activity or the use of said premises by permittee, including all costs of defending any claim arising as a result thereof. The insurance policies required herein shall be in an amount and on forms approved by Deaf and Hard of Hearing Service Center, Inc.

General Liability

Deaf and Hard of Hearing Service Center, Inc. shall be added as additional insured. Commercial General Liability insurance must not be written for less than the limits of liability specified as follows:

\$1,000,000 per occurrence limit

(ii) \$2,000,000 general aggregate limit

Workers' Compensation & Employers Liability

Workers' Compensation Insurance as required by the State of California with statutory limits and Employers Liability with the following limits:

(i) \$1,000,000 each accident for bodily injury;

(ii) \$1,000,000 disease each employee; and,

(iii) \$1,000,000 disease policy limit

The renter assumes full responsibility for replacing/repairing any and all damaged equipment used and/or rented for their event.

Payment Form

Group Name _____
Date of Event _____
Deaf Event _____

Week-day Rate
Week-end Rate

Hourly Rate

Hours reserved _____ to _____		
Number of Hours reserved: _____		
Rate Per Hour: <input style="width: 80%;" type="text"/>		
Cleaning Deposit: <input style="width: 80%;" type="text"/>		
Setup Fee: <input style="width: 80%;" type="text"/>		
Equipment Rental: <input style="width: 80%;" type="text"/>		
Total due:	\$0.00	
Total Deposit Due:	\$0.00	50.00%
Total Due 15 Days Prior	\$0.00	

Daily Rate

Dates of Days reserved _____		
Number of Days reserved: _____		
Rate Per day: <input style="width: 80%;" type="text"/>		
Cleaning Deposit: <input style="width: 80%;" type="text"/>		
Setup Fee: <input style="width: 80%;" type="text"/>		
Equipment Rental: <input style="width: 80%;" type="text"/>		
Total Due:		
Total Deposit Due:		50.00%
Total Due 15 Days Prior		

Agreement to Total Payment

Reserving Party Signature

Date

DHHSC Representative

Date

Due Date of Rental Balance: _____

**Deposit will be mailed after the event once the inspection of the building has been completed.
Please make checks payable to the Deaf and Hard of Hearing Service Center**

Payment Method

Deposit

Check: Num:
 Cash:

Final Payment

Check: Num:
 Cash:

Group Name _____
 Date of Event _____
 Deaf Event _____

ROOM LAYOUT

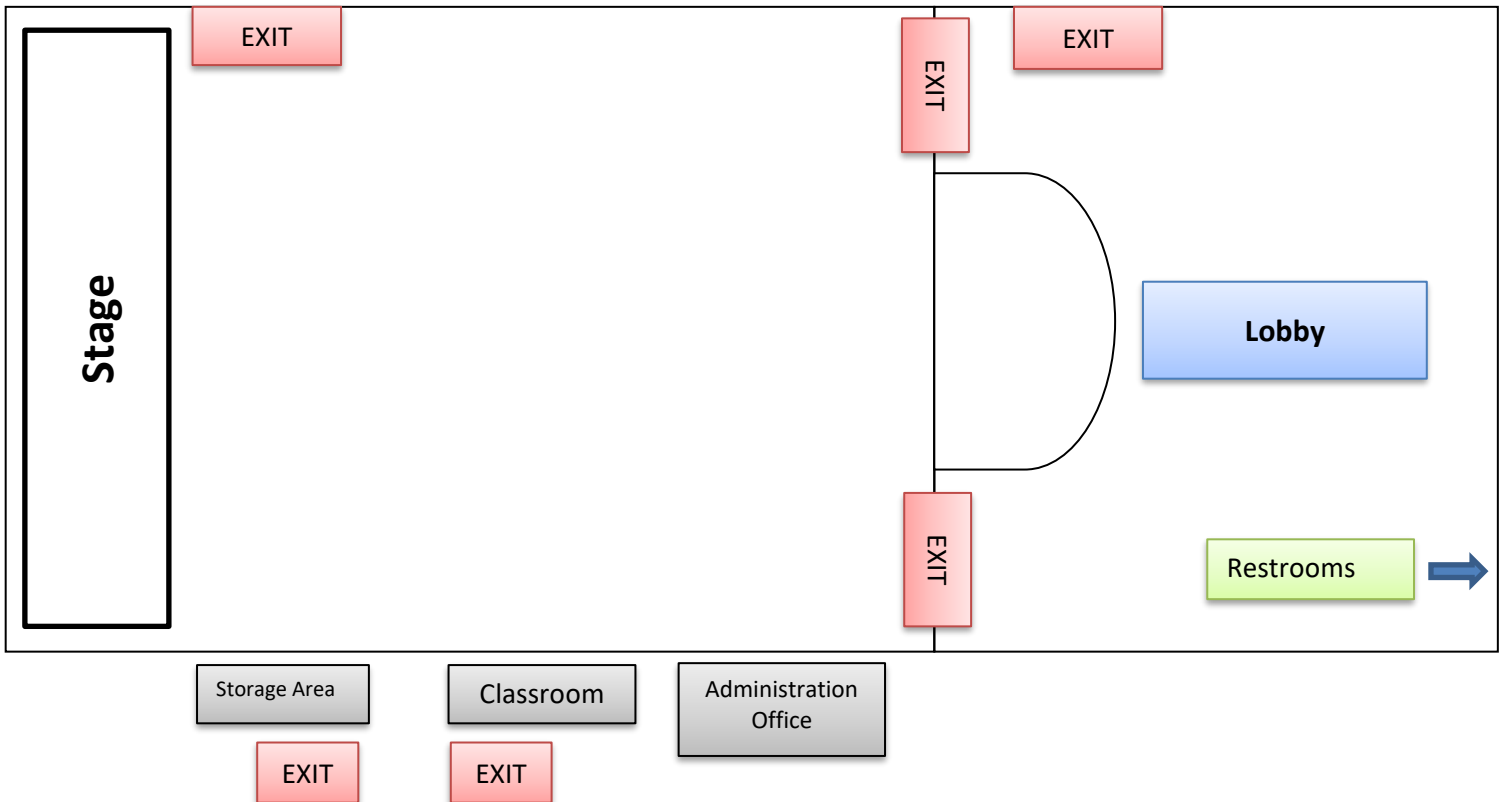
Please check which room you are requesting:

- DHHSC Stingley Community Center (up to 275 people)
- DHHSC Conference Room (up to 12 people)
- DHHSC Classroom (up to 8 people)
- Use of Lobby Area

Please check the equipment you need and provide the quantity on the blank line.

- | | |
|--|---|
| <input type="checkbox"/> Proxima Projector | <input type="checkbox"/> Pull down white screen |
| <input type="checkbox"/> Laptop Computer | <input type="checkbox"/> Tables: # needed: ____ (PLEASE SEE SET UP DETAILS) |
| <input type="checkbox"/> White Board | <input type="checkbox"/> Chairs: # needed ____ (PLEASE SEE SETUP DETAILS) |
| <input type="checkbox"/> White Board pens and eraser | <input type="checkbox"/> Microphone (2 available – lapel and wireless) |

Stingley Community Center



If you paid for room set up, please indicate where to put the tables and chairs below.

- Chairs (indicate as an X)
- Round Tables (indicate as a circle)
- Rectangle Tables (indicate as a rectangle)



