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
2 of 4 Pages
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).

5. **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.

6. **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.

7. **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.

8. **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 ______________

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**INTERNAL USE ONLY**

Damage Deposit Received on Date ______________________________
Cash, Cheque/Money Order #     ______________ Amount $ _________

Damage Assessed:  
……………………………………………………………………………………………………
……………………………………………………………………………………………………

Deductions:
(  ) Damages Assessed                                                                                  $ ________  
(See details above)

TOTAL REFUND                (A) + (B)   $ ________

REFUND:  
Cash, Cheque/Money Order # __________ Amount $ _________  
Refunded on Date:     _________________  
Employee Signature: _________________