

Ability Works Sensory and Room Rental Agreement

Event Date: _____ Start Time: _____ End Time: _____

Purpose of Function: _____

Set-Up Time: _____ Wrap Time: _____ Number of Attendees: _____

Name of Responsible Party: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Email address: _____

RATES/AVAILABILITY

- \$75 per hour
- \$75 security deposit

The sensory space areas are available Monday- Friday after 4pm and Saturday/ Sunday from 8am-10pm.

*(1) staff member is present during rental for assistance with the sensory equipment

DEPOSIT/RENTAL FEES

A signed contract and 50% deposit of the total cost of the space must be received to reserve your date and times. The balance of your space rental fee is due (10) days prior to your event.

There is a \$75 security deposit included in the rental agreement. That is refundable within 5 days of your event as long as there is no damage to spaces at the end of you event.

SET-UP

- Set-up can occur 1 hour before your event, unless otherwise agreed upon by both parties. _____(initial)
- Any additional set-up time needed to be scheduled with Ability Works. _____(initial)

DECORATIONS

- You may use as many decorations as you like.
- **NO NAILS, SCREWS, STAPLES, OR PENETRATING ITEMS-** basic scotch tape or sticky-tak is acceptable to hang items on the walls.

- You are responsible to supply your own tableware and paper products for the event.

TEAR DOWN

- It is your responsibility to return all tables and chairs back to where they were when you came in.
- The building will be open 1 hour after your event for clean up. _____ (initial)
- Anything moved around the room must be returned to where it was when you leave
- All decorations should be removed before leaving
- All trash should be placed in the trash cans located in the rental rooms.
- Anything you leave behind will be thrown away.

FOOD AND DRINK STANDARDS

- **Sensory Room-** Due to the items that are in the sensory room, there is no food or drink allowed in the sensory room. _____(initial)
- **Party Room-** In the event you have rented the party room there is a small sink and counter area available. There are not utensils or serving items. There is no refrigerator or stove in the party room. You will need to plan accordingly to bring all items to serve hot food from and keep cold items cold.
- If there will be alcoholic beverages at event you must let us know on this form
 - Yes _____ (initials) No _____(Initials)

LIABILITY

Renter agrees to indemnify, defend and hold Ability Works, Inc., employees and officers harmless of and from any liabilities, cost, penalties, or expenses arising out of and/or resulting from the rental and use of the premises. **Must complete a signed Release, Waiver of Liability, Assumption of Risk and Indemnity Agreement Form.**

Signature of Renter: _____ Date: _____

*Note: The event date **will not** be added to the calendar until all fees are paid and application is returned to the Ability Works Business Office.

OFFICE USE

_____ Approve

Signature: _____ Date: _____

_____ Deposit Received/ Date

_____ Added to Calendar

_____ Staff Scheduled

_____ Copy mailed to renter

_____ Final payment received

_____ Deposit returned