



GROUP ROOM RENTAL CONTRACT

DATE: ___/___/___ TIME: _____ to DATE: ___/___/___ TIME: _____

PAYMENTS: Payment in full, \$_____ is required with the return of this contract for events within 30 days from the date of this contract. For events with dates more than 30 days from the date of the contract, a deposit of 50%, or \$_____ is required with the return of this contract to confirm event dates. The balance of the total cost, \$_____ will be due before the last day of the event. The room assigned will depend on group size.

CANCELLATION: After approval and confirmation is given, User may terminate this agreement at any time prior to forty-five (45) days in advance of the start date, in which case User shall be entitled to a refund of all deposits and fees, less all expenses incurred by Atlanta Center for Wellness, LLC (AC4W) in preparation of the Facilities for User.

After approval and confirmation is given, AC4W may terminate this Agreement at its sole discretion, up to forty-five (45) days prior to the first date. Upon such termination, and absent any default by User, all deposits shall be refunded to User, less expenses incurred by AC4W in preparation of the facilities for User prior to such termination.

GROUP ROOM: User specifically agrees **not to nail, tape or screw anything** to the floor or walls of the Facility and shall be responsible for any and all damage to the Facility and to AC4W personal property caused by the acts of the User or User's agents, servants, employees, patrons, licensees, invitees or guests, whether accidental or otherwise. User agrees to:

- Request permission to burn Candles
- Request permission to provide/serve/allow food. No hot plates or burners may be used.
- Incense/sage, smoke-producing items may not be used due to sprinkler system and building rules.
- NOISE must be kept at a reasonable level for lecture/hands on style class. No drumming/singing/chanting without permission from AC4W. Please stay out of hallways. Please be aware that the Clinic side of AC4W is active on weeknights and on weekends, providing sessions that require a quiet/calm atmosphere.

GROUP ROOM CONDITION: User further agrees to leave the premises in the same condition as it existed on the date that possession commenced, which includes, but is not limited to, the removal of all trash generated by the event (dumpster in parking lot), removal of all furniture and equipment, beverages, food, utensils brought in by User. Failure to cooperate with cleanup will result in a cleaning charge of \$25.00 per hour.

- Events greater than 30 participants will include an add-on cleaning fee of \$50.00.

LIABILITY: User shall comply with all rules and restrictions that may be prescribed by the building and AC4W for the purpose of maintaining the safety, care, good order and cleanliness of premises, equipment and property.

Atlanta Center for Wellness, LLC assumes no responsibility for equipment supplied by User or another party. Atlanta Center for Wellness, LLC reserves the right to approve or deny all equipment used.

Date _____

Signature of Participant

Atlanta Center for Wellness, LLC

Print Name

Print Name



Liability Release Form

Effective Date(s) _____/_____/_____ - ____/____/_____

Between Atlanta Center for Wellness, LLC further referred to as “(AC4W)”

Located at 6100 Lake Forrest Dr. Ste 450
Atlanta, GA 30328

And User _____(Participant’s Name),

_____ (Phone) _____ (Email)

Located at _____(Address)

_____ (City), _____ (State) _____ (Zip Code)

The undersigned agrees and does hereby release from all liability and hold harmless AC4W and any of its employees/associates representing or related to AC4W. This liability release is for any and all liability for personal injuries including death and property losses or damage in connection with any activity or accommodation of the above mentioned Business. The undersigned does hereby further agree to abide by all the rules and regulations that are presented by AC4W.

Applicable Law

This contract shall be governed by the laws of the State of GA in Fulton County and any applicable Federal Law.

Date _____

Signature of Participant

Atlanta Center for Wellness, LLC

Print Name

Print Name