

# Rental Agreement



Rental Date: \_\_\_\_\_

Type of Event: \_\_\_\_\_

## Event Hours (to include set up and tear down):

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

## Contact Information:

Contact Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Event Details:

Room Layout: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Amenities (Please check all additional needs, inquire for additional pricing):

- Kitchen (included)
- Computer, projector and/or screen (\$5)
- Microphone (\$5)
- Flat-bed Cart (\$5)
- Linens (quantity: \_\_\_\_ \$5/each)

## Payments: Two (2) Separate checks are requested.

Check 1: Cleaning Deposit \$ \_\_\_\_\_ (\$100, \$200 if alcohol will be present)

## Check 2:

Room Rental \$ \_\_\_\_\_ (General Rentals: 4 hours = \$200, 8 hours = \$300)  
(Non-Profit: 2 hours = \$75, 4 hours = \$100, 8 hours = \$150)

Room Setup \$ \_\_\_\_\_ (Under 40 people = \$25; over 40 people = \$40)

Amenities \$ \_\_\_\_\_ (See above for total)

**TOTAL (Check 2 only) = \$ \_\_\_\_\_**

Waverly Health Center's (WHC) Tendrils Rooftop Garden is made available for use, as is. WHC will not be liable for any damages, injuries, losses/theft, or expenses incurred as a result of the use of the Rooftop Garden, including on-campus travel to-and-from the Rooftop Garden associated with the event. The tenant/user/occupant agrees to hold WHC harmless from any loss.

It is the renter's responsibility to ensure that all event guests comply with the rules of WHC, and laws of the city of Waverly and the state of Iowa. WHC also reserves the right to refuse requests for room usage. All persons using the Tendrils sunroom or patio areas will be responsible for leaving it in its proper condition. Any negative comment received from patients, staff or on-site visitors regarding a scheduled event will be investigated. As a result, the event itself and/or alcohol option may be discontinued at the discretion of WHC administration.

All rental fees and cleaning deposits are required at the time reservations are made. No reservation will be entered without payment and a completed rental agreement. A full refund will not be granted if the rooms are left in unsatisfactory condition. Please see Rental Guideline for examples of unsatisfactory conditions.

I have read and understand this document and the attached Rental Guidelines. By signing below, I agree to abide by these practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Return this form with two (2) separate checks (deposit and fee) to:

Waverly Health Center  
ATTN: Melinda Pitt  
312 9th Street SW Waverly, IA 50677

**Questions?** Contact Melinda Pitt, volunteer services manager, at (319) 483-4076 or MPitt@WaverlyHealthCenter.org.

\*Please make **both** checks payable to "Waverly Health Center"