



COLLABORATION ROOM RESERVATION AGREEMENT

Agreement Date: _____

Member Information:

Name ("Renter"): _____

(The above person will be present for the entire event as per the details listed below, including during set-up and clean up.)

Address: _____

Telephone Number: _____

E-Mail Address: _____

Rental Information:

Event Date: _____ Time of Event: Morning 7a-12p | Afternoon 12p-5p | Evening 5p- 10p

(Set prices are for a Five (5) Hour Increment. This is inclusive of Set-Up and Clean Up. Clean-up must be done immediately following the event and The Paper Clinic must be returned in the same condition it was in prior to rental. Pictures are in Reservation Binder for your reference.)

Type of Event: _____

Number of Guests Expected to Attend: _____

Room Rental Terms:

1. The "The Paper Clinic" will provide use of reserved room and accessibility to The Paper Clinic common areas to "Renter" as well as guests of "Renter", as specified per Rental Rates and Guidelines and specifications listed above. The "Renter" must be here for entire event including all set-up and clean-up. And the "Renter" must do all walkthroughs and sign all check sheets at the end of the event. NO EXCEPTIONS! If "Renter" is not available during the entire event, including set-up and clean-up, he/she will be subject to loss of deposit.
2. "Renter" agrees that he/she is responsible for any rental, catering, entertainment and cleaning crews that may be needed. The "The Paper Clinic" will not accept any deliveries for events that will take place. Nothing shall be delivered to or left at The Paper Clinic before the designated time and everything that the "Renter" brings into the "The Paper Clinic" must be removed before clean-up is completed. Any items that arrive early or are left behind at The Paper Clinic will be subject to a storage fee to be determined by The Paper Clinic Manager.



4. At no time shall any equipment be moved or any fixed decorations put in place by "The Paper Clinic" be taken down or changed.
5. "Renter" is responsible for all Clean-up and to leave the "The Paper Clinic" in its original condition. "Renter" is responsible to do a walk through with "The Paper Clinic" Staff before their set-up time to point out pre-existing damages and a walk through after clean-up to ensure no damages occurred during their event. "Renter" is responsible for damages that occur during their event and for the actions of his/her guests throughout the "The Paper Clinic" during the event. Consideration of damages will be at the sole discretion of The Paper Clinic Management. "Renter" also understands that he/she is responsible for cleaning and replacing any furniture that may be damaged or removed in the reserved area(s) after said event.
6. "Renter" agrees to hold harmless the "The Paper Clinic", it's staff, administrators, executors and representatives for all liability incurred while said event is using the "The Paper Clinic" for the scheduled event. "Renter" is liable for damages and occurrences that occur during their event and for the actions of his/her guests and vendors throughout the "The Paper Clinic" during the event. Consideration of damages will be at the sole discretion of The Paper Clinic Management. "Renter" and their guests and vendors are expected to follow all rules of The Paper Clinic. Absolutely no pyrotechnics, candles or any other violation of city and county fire codes will be permitted on The Paper Clinic property.
7. The "The Paper Clinic" takes the utmost care with respect to preparation for events. However, in the event that the "The Paper Clinic" fails to comply with the terms of this contract, liability is limited to a refund of the deposit.
8. "Renter" agrees to a service charge of \$10.00 or five percent (5%) which ever is greater to be added to all returned checks. "Renter" also agrees to pay cost of collection including agency fee, court costs and a five percent (5%) late fee based on balance due to be compounded monthly.
9. Set prices are for a Five (5) Hour Increment per Room. This is inclusive of Set-Up and Clean Up. Clean-up must be done immediately following the event and The Paper Clinic must be returned in the same condition it was in prior to rental. Pictures are in Reservation Binder for your reference. Any set-up or clean-up taking place before or after the event window will be charged an extra hour charge.
10. All The Paper Clinic Members will have access to all common areas of the The Paper Clinic. Common Areas shall include all entrances to The Paper Clinic property, the lobby, and the break room.



11. A deposit of \$_____, or 50% of the booking, and this signed Rental Agreement are required to secure room and date. All deposits must be remitted by check or cash. Once the event is over, Management will review the paperwork for the event.
12. "Renter" agrees to pay in FULL, any balance due for the above room rental on or before for the above stated event. "Renter" agrees to pay \$_____ for the rental of the above. "Renter" understands if payment is not received prior to the event that the rented space will be released and access to the space will not be granted. In such case, the deposit will not be returned.
13. Renter agrees that in the event of a default or breach of this agreement, in any action to enforce the terms of this agreement the prevailing party shall be entitled to recover costs including reasonable attorneys fees from the non-prevailing party.
14. Renter agrees to indemnify The Paper Clinic, its members and directors from and against any and all third party claims made against The Paper Clinic arising from or related to Renter's use of the space.
15. Any action to enforce this agreement shall be brought in a court of competent jurisdiction in Brevard County, Florida, or in the event that Federal Court is determined to be the appropriate Venue, then the Parties agree that the middle district of Florida shall have jurisdiction.
16. Any changes to the above guidelines must be approved in writing by The Paper Clinic Management.

I have read and agree to all of the above rules for the event that I am having at The Paper Clinic Tampa. I hereby acknowledge this contract to be binding upon parties, administrators, executors and representatives.

"Renter's" Name: _____

"Renter's Signature: _____ Date: _____

The Paper Clinic hereby guarantees this contract to be binding.

The Paper Clinic Management: _____ Date: _____