



Facility Reservation Application

This agreement is submitted on _____ (date) by _____
_____ (herein after referred to as "The Applicant") to The Center for Exceptional Practices.

Premises & Rates: The Center for Exceptional Practices hereby agrees to make available to The Applicant, for the exclusive use of The Applicant, the following facilities located on the Dental Ceramics, Inc. premises, at the time and date(s) specified below, for the purpose specified below, for the rates indicated on page 2, unless otherwise agreed upon with the written approval from The Center for Exceptional Practices.

Purpose: _____

Venue Requested: _____

on date(s): _____

from times: _____

with a rate of _____ /day, for a space rental total of _____.

Additional Services Requested:

- | | |
|---|---------------------------|
| _____ Kitchen Access (multiple refrigerators, ice maker, sink, food prep space) | \$20 |
| _____ Music Played via speakers (music requests available) | \$10 |
| _____ Video Recording Services | \$75 |
| _____ Coffee, Water, and Hot Tea for _____ guests | \$1/guest |
| _____ Catering for _____ guests | (price to be agreed upon) |
| _____ Beverages (non-alcoholic) for _____ guests | (price to be agreed upon) |
| _____ Charcuteri Spread with Cocktail Hour for _____ guests | \$7/guest |

Additional Services Total of _____ for a Grand Total of _____

Special Requests: _____



2017 Facility Rental Rates
(includes tables, chairs, screen & projector)

Venue	Rates	Mon - Wed	Thu - Sat	Deposit
Large Lecture Hall Only (sound system included)	1/2 Day	\$150	\$175	\$100
	Full Day	\$300	\$350	\$150
	Evening	\$175	\$250	\$125
Small Lecture Hall Only (no sound system included)	1/2 Day	\$125	\$150	\$100
	Full Day	\$175	\$250	\$150
	Evening	\$150	\$200	\$125
Clinical Operatories Only (1-8 chairs)	1/2 Day	\$200	\$300	\$100
	Full Day	\$300	\$450	\$150
	Evening	\$225	\$350	\$125
Large Lecture Hall + Clinic	1/2 Day	\$325	\$475	\$100
	Full Day	\$550	\$800	\$150
	Evening	\$350	\$500	\$125
Small Lecture Hall + Clinic	1/2 Day	\$275	\$400	\$100
	Full Day	\$425	\$600	\$150
	Evening	\$300	\$450	\$125
Large & Small Lecture Halls	1/2 Day	\$225	\$275	\$100
	Full Day	\$350	\$500	\$150
	Evening	\$350	\$300	\$125
Large & Small Lecture Halls + Clinic	1/2 Day	\$400	\$575	\$100
	Full Day	\$675	\$950	\$150
	Evening	\$425	\$625	\$125

Seating Capabilities:

Large Lecture Hall = theatre seating up to 150, classroom style up to 88

Small Lecture Hall = theatre seating up to 50, classroom style up to 20

Clinic Operatories = 8 fully functional dental chairs, X-Ray unit available upon request.

Other seating formats are available, please call to discuss your specific needs

Daily Hours:

1/2 Day = 8:00am to 12:00pm OR 1:00pm to 5:00pm (5 hour maximum rental)

Full Day = 8:00am to 5:00pm OR 9:00am to 6:00pm (9 hour maximum rental)

Evening = 5:00pm to 9:00pm (up to 4 hour maximum rental)



Contact Person Responsibility Agreement Form

One individual must be identified as the **Contact Person for each rental function.*
Initial each line to signify acceptance*

- _____ Must be at least 21 years of age and serve as the primary contact person for the reservation, function, application process, etc.
- _____ Must be present for the pre-rental and post-rental inspection.
- _____ Assumes responsibility and liability for the conduct of all guests.
- _____ Assumes responsibility and liability for the cleanliness of the room/facility/kitchen and must return all venues to their original condition at the end of the function.
- _____ Understands the indoor “capacity per facility” **cannot** be exceeded.
- _____ Understands the use of tape or other adhesive products, staples, nails, or tacks on doors, walls, posts, lights, fans, and ceilings is **prohibited**.
- _____ Understands the possession and/or consumption of alcoholic beverages in the facility is allowed provided the proper permit and insurance certificates are presented in advance of the reserved date.
- _____ Understands **all areas** of The Center for Exceptional Practices including grounds, driveway, and parking lots are 100% smoke-free environments and will inform guests ahead of time of this policy.
- _____ Understands The Center for Exceptional Practices will provide basic meeting tables and chairs. Table linens and signs are not included. Requests for additional equipment and supplies may be available for an additional charge.
- _____ Must convey to all parties associated with the rental group that access to the facility/room is prohibited prior to the scheduled “start” time and must vacate the facility/room and return the venue to its original condition by the scheduled “end” time unless prior arrangements have been made and have written approval from The Center in advance.
- _____ Must provide the required certificate(s) of insurance from the insurance carrier, to include The Center for Exceptional Practices and applicable parties as an additional insurer.
- _____ Understands the Facility Rental Agreement is non-transferable.

Client Organization: _____

Responsible Party Printed Name: _____

Signature: _____ Title: _____

Email: _____

Phone Number: _____ Cell Number: _____



Consent, Release & Hold Harmless Usage Agreement Facility and/or Equipment

The Center for Exceptional Practices

In consideration of the acceptance of my/our usage of the facility or property owned by Dental Ceramics, Inc. and/or any of their related, subsidiary, and affiliated companies, **I/we agree to assume the risks** incidental to such usage and, on my/our behalf, and on the behalf of my/our heirs, executors and administrations, hereby **release** and forever discharge the Released Parties (defined below), of and from all liabilities, claims, actions, damages, costs, or expenses of any nature arising our of/in any way connected with my/our usage of such facility, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs, or expenses, including but not limited to, attorneys and other professional fees and disbursements.

The Released Parties are Dental Ceramics, Inc. and The Center for Exceptional Practices, and their owners, officers, directors, employees, agents, representatives, successors, and assigns of each and ever one of the foregoing entities.

If any damage occurs to the facility, or if any repairs or replacements need to be made to the facility as a result of my/our usage during the agreed rental period, I/we shall pay The Center for Exceptional Practices for any such damages, repairs or replacements.

I further understand that this release and indemnity agreement includes any claims based on the negligence, actions, or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by me before, during, or after such usage.

This Agreement shall be binding upon me/us and my/our heirs, personal representatives and assigns and shall be governed by and construed under the laws of the State of Ohio. This Agreement constitutes the entire agreement among the parties with respect to the subject matter of this Agreement and supersedes any and all previous agreements among the parties, whether written or oral with respect to such subject matter.

Date: _____

Printed Name of Contact Person(Applicant)

Signature of Contact Person(Applicant)

Phone Number: _____ Cell Number: _____



Facility Use Check List

Once your reservation is approved, the designated contact person needs to complete the following within 10 days for the reservation to remain valid. Initial each line

- _____ 1. Sign the "Facility Reservation Application"
 - _____ 2. Sign the "Contact Person Responsibility Agreement Form"
 - _____ 3. Sign the "Consent, Release & Hold Harmless Form"
 - _____ 4. Determine if insurance is necessary & submit
 - _____ 5. Submit other permits (if required): alcohol, portables, etc.
 - _____ 6. Submit an accurate, detailed set-up diagram for approval (if applicable)
 - _____ 7. Submit a list of equipment or supplies to be brought on or into the facility (if applicable)
 - _____ 8. Pay 100% of security deposit to secure date
 - _____ 9. Pay 100% of rental fee 5 days prior to event date
 - _____ A. If the applicant cancels the event, any paid security deposit will be returned in full if written notice is received **at least** 15 business days **prior** to the reservation date.
 - _____ B. Written notices of cancellation received **less than** 15 business days **prior** to approved reservation date, or no notification, will forfeit 100% of the security deposit plus incur a 30% **cancellation fee** based upon original rental reservation dates.
- Please note: verbal and in-person cancellations are not acceptable.
Written cancellation is required.**
- _____ 10. Submit a list of special requests, additional equipment, etc

I have read and fully agree with and accept all responsibility for the terms and conditions of this application.

Name of Client Organization: _____

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Please submit this form with your deposit and proof of insurance or permits, if applicable, to The Center for Exceptional Practices to secure the dates and times indicated on your Facilities Rental Application.

FOR THE CENTER USE ONLY:	
Security Deposit: _____	Dates Requested: _____
Rental Fee Total: _____	Payment Form: _____
Deposit Received on: _____	Any Refund Due: _____