



Carondelet Center
1890 Randolph Avenue
Saint Paul, MN 55105
www.wisdomwayscenter.org
office@wisdomwayscenter.org
651-696-2794

Wisdom Ways Labyrinth Rental Contract

Renter Information

Name (first, last): _____ Contract Date: _____

Name of Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Rental Item Information

Reserved Item(s): _____

Dates of Rental: _____ thru _____

Shipping or Pickup

Shipping/Pickup Date: _____ Return By Date: _____

Additional details/instructions: _____

Rental Fee: _____ + Shipping (if applicable): _____

Payments accepted: Cash, Credit Card, Check (make checks payable to *Wisdom Ways*)
Renters are responsible for all shipping and international customs costs when applicable.
Carondelet Center
1890 Randolph Avenue
Saint Paul, MN 55105



Carondelet Center
1890 Randolph Avenue
Saint Paul, MN 55105
www.wisdomwayscenter.org
office@wisdomwayscenter.org
651-696-2794

Labyrinth Rental Agreement

I, _____, (*Name of renter*) is renting a/an labyrinth(s) from Wisdom Ways Center for Spirituality and acknowledges the resources will be used in a respectful manner.

Renter agrees to:

1. Only use the labyrinth indoors on a clean, dry surface.
2. No shoes on the labyrinth (unless a participant requires shoes for medical reasons).
3. Use of candles, drinks, and food on or around the labyrinth is prohibited.
4. Sweep and remove any debris before folding the labyrinth.
5. *Follow instructions for folding the labyrinth *(See below).

I, _____, (*Name of renter*) assume full financial responsibility for loss or damage to the labyrinth, up to \$ _____.

The labyrinth will be used from _____. I agree to package and ship/return the labyrinth in the same manner and condition in which it was received. I have read and fully understand the following pages regarding expectations and care for the labyrinth.

Total fee for rental: \$ _____

Signed: _____ Date: _____