

**TE-MOAK DIABETES CENTER
RENTAL AGREEMENT**

_____, agree to rent the Diabetes Sah Gahi Center which is a drug and alcohol free Center on _____ (date)

The building will be used for _____; I understand that I am responsible for all activities that occur on the property. I further understand that I will be charged a \$50 usage fee, and a \$300 deposit fee.

_____ (initial) I understand that the deposit fee is non-refundable, if there is damage or the facility is not cleaned to the condition it was rented. The bathrooms are also required to be cleaned. I further understand that I may receive additional charges to the repair(s) should damages exceed the \$300 deposit.

_____ (initial) I also understand that the Diabetes Center houses exercise equipment. The renter has the option to move the equipment (without scratching the floor) into the conference room and/or in the exercise room. When the function has ended, the renter is also responsible to put all exercise equipment back.

_____ (initial) I understand that the following is not allowed in or about or outside the building; Smoking or Alcoholic beverages of any kind. The use of tape on the ceiling fans, the use of nails, or any other large objects that may cause a hole in the wall.

_____ (initial) Upon signing this agreement the renter will be issued the key to the back door. If the key is not returned the following working day, the \$300.00 deposit will also not be returned.

_____ (initial) I understand if these rules are not followed, that I will no longer be able to use the Te-Moak Diabetes Center.

_____ (initial) I further understand that I am responsible for the out-side surrounding of the building, i.e., parking lot/building trash, broken lighting around the out-side of building and surrounding landscaping rocks.

The renter will be provided with cleaning supplies; mops, cleaning solution for mopping, brooms, mirror cleaner and cleaning rag. It is also the renters responsible to provide their own large trash bags and is required to take their trash with them once the cleaning is completed.

Signature of Responsible Party

Diabetes Coordinator/Assistant

Date

Date

TE-MOAK DIABETES CENTER

WAIVER OF LIABILITY

For Building Usage

This Agreement releases Te-Moak Diabetes Program/Tribe from all liability relating to injuries that may occur during (activity) _____.

On (date) _____ at the Te-Moak Diabetes Center, 525 Sunset Street, Elko, Nevada.

By signing this agreement, I agree to hold Te-Moak Diabetes Program/Tribe entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in _____ (type of activity).

I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against Te-Moak Diabetes Program/Tribe for any reason. I will also make every effort to obey safety precautions as listed in writing as explained to me verbally. I will ask for clarification when needed.

I, _____ fully understand and agree to the above terms.

Renter

Date

Diabetes Coordinator/Assistant

Date