RESERVATION CONTRACT

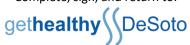
Date of Eve	nt		
Start Time	a.m. p.m. al event start time)	End Time (actual even	a.m. p.m.
(actu	ar event start time,	(actual even	t end time)
Contact 1			
Address			
City	Stat		Zip
Home Phon Email	e	Cell Phone Work Phone	
EIIIdII		work Phone	
Best time ar	nd number to call		
Contact 2			
Address City	Stat	0	 Zip
Home Phon		Cell Phone	
Email		Work Phone	
Ziiiaii			
Best time ar	nd number to call		
INSPECTION A	ND ACCEPTANCE: The undersigned ack	nowledges that he/she has	s had an opportunity to personally
	emises and find it is suitable for his/her	_	
	·	Ü	
	ESS AGREEMENT: If not providing a Cer		_
additionally in	sured, the attached Hold Harmless Agr	eement must be completed	J.
INDEMNITY: T	he undersigned herby indemnifies the	market and its agents and	employees and any and all persons
	nay be chargeable with liability agair		
-	ncurred by the market or its agents, er	mployees or any entities as	a result of the use of the site.
Initial			
CANCELLATIO	N: If Get Healthy DeSoto or agents mus	t cancel any event for any	reason that is not due to
	y lessees' non-payment or non-complia		
	he deposit and rental fees shall be refu		_
Initial			

Complete, sign, and return to:

get**healthy**\squareDeSoto

		Calculation of Rental Fee	
	# Hours of Rental		
A.		hours by \$10	
	*Multiply the number of	hours by \$10.	
В.	Damage Deposit		\$ 40.00
C.	Staff Time**		\$
	**(# Hours of Rental + 1)) X \$10 or a \$20 minimum.	
	TOTAL		\$
	(Add A + B + C)		
e chec eby c entire ded h	ertify that I have read an agreement. There are no nerein. If I am acting as ag	d agree to the contract terms of to oral statements, warranties, or ogent or agents for any other perso	his writing which constitu other representations not on or entity, then I have th
eby centire ded h	ertify that I have read an agreement. There are no nerein. If I am acting as ag to act as such agent. I he	mers' Market d agree to the contract terms of to oral statements, warranties, or ogent or agents for any other person reby acknowledge receipt of a col	his writing which constitu other representations not on or entity, then I have th
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Complete, sign, and return to:



1002 Rock Rd. | De Soto MO, 63020 Questions can be directed to: 314-471-3681

HOLD HARMLESS AGREEMENT

1.		My" shall mean: ./ORGANIZATION		
	Name:		C/O:	
	Address:			
	Phone:			
	Fax:			
2.	General Info	ormation:		
	Date:		Site:	
	Hours sit	e is needed:		
	Times:	until		
	Activity t	o be held: (describe in detail)		
u		" (hereinafter "Le	ssee") agrees	s to indemnify, hold harmless, and defend
	•	to, its officers, employees, agents and su	iccessors in ir	nterest from all claims, damages, losses and
-				or indirectly, from the Lessee's (or Lessee's that such claim damage, loss, or expense is
			-	njury to or destruction of property, including
				missions and (2) not caused by the negligent
				ers, agents and/or employees acting within it is determined it.
sul	orogation agair	nst Get Healthy Desoto, their officers, ago	ents, partners	s, and employees, for Automobile Liability,
	-			d/or Employer's Liability where permitted by
		ments and shall survive the termination	-	limited by any financial responsibility or act."
	·			
		Organizational / Individu	ıal's Name (Please Print)
N	ame of Repr	esentative		Event Date
<u> </u>	ignature of R	enresentative		Today's Date

Complete, sign, and return to:

get**healthy**\SDeSoto