



Sybil Andrews Morgan Cottage Rental Agreement

This Rental Agreement allows designated contact person(s) to have alarm code and key access to the Sybil Andrews Cottage at 2131 South Island Hwy, Campbell River for the purpose of renting the facility. These contact person(s) are to be listed and are responsible for the safe and proper use of the facility by themselves and all other members of the group or organization (if applicable) and guests while renting the facility.

The key remains the property of the Campbell River Arts Council (herein referred to as CRAC) and must be promptly returned by the Rental User when he/she no longer rents the Cottage. The Rental User shall make monthly rental payments payable by cheque or cash to: Campbell River Arts Council and can be dropped off at the office or mailed to: 2131 South Island Hwy, Campbell River, BC V9W 1C2 (phone 250-923-0213). A receipt will be issued for each payment received. The CRAC reserves the right to adjust or terminate this Rental Usage Agreement at any time if it feels there is due cause and will endeavor to provide adequate notice by phone, email or letter to the Rental User unless special circumstances prevent this. In the event that the CRAC relocates this Agreement will automatically terminate.

Responsibilities of the Rental User:

- shall use the facility at his/her own risk, and if required, must purchase his/her own insurance at own cost;
 - shall not make copies of the cottage key nor share his/her cottage alarm code, and/or key with anyone unless approved by the CRAC;
 - shall ensure that the facility is clean and tidy after use;
 - shall not smoke inside the facility and will use designated outside areas;
 - shall not serve alcoholic beverages in or outside the premises;
 - shall not use the facility for storage unless approved by the CRAC. If items to be stored please describe, including location to be stored:
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- shall not use the telephone/fax unless in case of emergency as this phone line is dedicated for the CRAC office. No long distance phone calls are permitted;
 - shall not give the CRAC office phone number as a personal contact during use of the facility;
 - shall not cause any excessive noise or other disturbance during use of the facility;
 - shall assume responsibility for the safety and security of the facility during use including but not limited to: all lights turned off, all windows and doors closed and locked, sink taps are shut off, coffee pot and/or any other appliances are unplugged and/or shut off and the alarm is activated;
 - shall notify the CRAC in the event of any damage or security issues;

- shall not remove or alter anything within the facility or the property;
- shall not use the facility or property for the purpose of selling a service or merchandise unless approved by the CRAC;
- shall not park in or block the CRAC reserved parking spot, located on the right side in the driveway during the hours of 11 am to 5 pm Monday to Friday;
- shall not display or install any literature, signage etc. inside the facility or within the property without prior permission from the CRAC;
- all equipment and materials belonging to the renter must be removed from the facility immediately after rental agreement is terminated, unless other arrangements have been made with the CRAC.
- in the event of accidental alarm activation, use the fax/phone in the kitchen to call ADT security at 1-888-263-1748. You will need to tell them the password (get password from CRAC staff) and that it is a false alarm. This avoids having police show up to inspect the premises, which will cost the Arts Council money. Shall keep the password confidential.
- shall arrange and honor the payment method as indicated in this Rental Agreement.

I acknowledge that I am a designated contact person and responsible for the adherence of this Rental Agreement by myself and all other users of my group or organization listed below (if applicable) whom I represent. I have read and agree to the terms and conditions listed in this Rental Agreement:

Signed:

Group or organization (if any): _____

Please briefly describe the activities for which you or your group will using the facility: _____

Contact Name: _____

Phone: _____ **Email:** _____

Mailing Address: _____

Signature: _____ **Date:** _____

Contact Name: _____

Phone: _____ **Email:** _____

Mailing Address: _____

Signature: _____ **Date:** _____

Office use:

Key issued?

Password issued under # _____

Security Alarm password given?