



North Country Center for Yoga and Health, Inc

“Our mission is to provide a safe and accepting environment that will offer participants an opportunity to choose educational, therapeutic and personal growth programs. The opportunity to make self-directed changes will have the common goal to help all participants develop insights and the tools to create peace of mind, personal clarity, love, self-acceptance and self-empowerment in their lives.”

Guest User Agreement

(approved by the Board 12/14/05, 11/2010)

A guest user is generally considered any one person or small group who utilizes the space for small gatherings or meetings that are not considered instructional classes or services rendered. Ideally use of the space will be for purposes that are consistent with the mission of the Yoga Loft.

____ Signed Guest User Agreement
____ Contact Information Form

____ Orientation
____ Building Procedures

Fees for use

Daily use/up to eight hours = \$10/hr (capped at \$40).

NOTE: If you are charging a fee for services rendered, you will be considered a private practitioner.

Payments Due

The usage fee is due no later than one week after the day of use. Payment should be sent to the **Administrative Consultant: 107 ½ Main Street Canton, NY 13617**. Checks payable to: "North Country Center for Yoga and Health, Inc."

Facility Orientation

An orientation to the Yoga Loft space will be required prior to use. This will be arranged with _____.

Cancellations

Notify _____ in the event of cancellations

Liability insurance

In the event that someone suffers an injury during your meeting or event, you may be liable. Therefore we strongly encourage guests to consider securing personal liability insurance. If you do not wish to purchase any personal liability insurance, we suggest that you, and all members of your group, sign a waiver as part of your administrative procedures at your meeting at the Yoga Loft. A copy of an appropriate waiver to use for this purpose is available at the Yoga Loft.

The Board of the Yoga Loft reserves the right to restrict or cancel usage privileges when it deems it necessary.

I have read, understood and agree to abide by the procedures and stipulations in this document.

SIGNED

DATED

ADDRESS

PHONE

**Please return a signed/dated copy of this document to: Administrative Consultant,
The Yoga Loft 107 ½ Main Street Canton, NY 13617**