



North Country Center for Yoga and Health, Inc.

"Our mission will be 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."

Practitioner Agreement

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

A practitioner is considered an individual who offers healing arts services such as massage therapists, counseling, yoga therapy, and reiki, for example. Services are rendered for a fee and conducted one-on-one or small group sessions. Ideally services will be for purposes that are consistent with the mission of the Yoga Loft.

____ Signed Guest User Agreement

____ Orientation

____ Contact Information Form

____ Building Procedures

Fees for Use:

Usage fee for use by practitioners is 10% of the practitioner's fee, which is set by the practitioner. The usage fee is due at the end of each week of use. If the event that this agreement is terminated, payment is due on the last day of use.

Send payment to the Administrative Consultant: c/o The Yoga Loft, 107 1/2 Main Street Canton, NY 13617.

Checks payable to "North Country Center for Yoga and Health, Inc."

Space Use Priority

Classes are scheduled three times a year. Occasionally new classes will be added mid class session. While every attempt will be made to honor prescheduled space use, classes have priority over private practitioner use. In the event that a class is scheduled over private practitioner time, two-week advanced notice will be given to the practitioner, and an alternative time slot will be assigned.

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 1/2 Main Street Canton, NY 13617