



## **Contract/Agreement between Agape Healing Arts & Instructors, Workshop Facilitators and Visiting Therapists.**

### **FOR YOGA INSTRUCTORS:**

Instructor will need to submit a proposal which will include a detailed agenda and description of intended material that will be covered and the time and date of the desired class. If you cannot attend a class please arrange a substitute teacher. After each class Instructor will make sure the Sacred space is left as it was found. There are detailed instructions on the daily sign in sheet that will be filled out at each class.

~ There will be a split of 70% for Instructor and 30% for Agape.

### **FOR WORKSHOPS:**

Instructor will need to submit a proposal which will include a detailed agenda and description of intended material that will be covered, the times and dates of the workshop. After each class Instructor will make sure the Sacred space is left as it was found. There are detailed instructions on the daily sign in sheet that will be filled out at each class.

~ The Instructor will set their own fees for workshop.

~ Three choices for Studio Reservation and Rental.

Please check which one you prefer:

- \$50/hour with a two hour minimum.
- \$200 for 1 full day (8 hours).
- A split of 70% for Instructor and 30% for Agape.

~ Booking should be done at least one month prior to the event for proper promotion.

~ Payment must be made at time of booking and there are no refunds.

### **FOR PRACTITIONERS:**

Practitioners may use the visiting treatment room on the following basis:

Flat Rate of:

~ \$15 for each 30 min session

~ \$25 for each 60 min session

~ \$40 for each 90 min session



\*Practitioner agrees to carry their own liability insurance and list AGAPE HEALING ARTS as additional insured. Proof of insurance will be required before commencement of services. Practitioner must also provide current documentation of any necessary accreditations required to perform their services. Practitioner will provide a minimum of two (2) references, biography, and photo for promotional and website use. Practitioner agrees to supply the necessary resources & supplies needed to perform their services including such items as massage table, linens, towels, oils, etc. Please list and include a description of the services you would like to offer at AGAPE HEALING ARTS. Additionally, please include a brief outline of your professional background, training and years of experience.

**Please Read and Sign below.**

I agree to the terms of agreement set forth in this document between Agape Healing Arts and myself. I also agree to honor and respect the studios sacred space and be mindful upon entering and exiting and keeping the space clean and clear.

Today's Date: \_\_\_\_\_ Cell # \_\_\_\_\_

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Witness signature: \_\_\_\_\_



**Contract for:**

**Dates:**

Agape Healing Arts, 385 Tequesta Dr., Suite 4, Tequesta FL 33469  
461.762.4273// Dr. Bella Lauren

**Rental Agreement for:**

**Date Contract Completed:**

Name:

Phone Work/Cell:

Address:

City/State/Zip Code:

Email address:

**Rental Rate/Fee:**

List what is included in the above price: (Meals, lodging, meeting space, etc.)

~ Meeting Space

~ Water and Tea

~ Three treatment tables

**Total:**

Please Check which option you prefer:

**Option 1: Hourly Rate**

**Deposit:** 100% of total price will secure your booking

**Deposit Due:** At time of Booking Balance Due

**Option 2: Full Day Rate**

**Deposit:** 50% of total price will secure your booking

**Deposit Due:** At time of Booking Balance Due: One month prior to class start date

**Option 3: 70% / 30% split**

**Deposit:** 70% instructors / 30% Studio split

**Deposit Due:** no deposit due for option 3



**Submit payment to:**

Agape Healing Arts  
385 Tequesta Drive Suite 4  
Tequesta FL 33469

**Cancellation Policy:** For Option 1 and 2; Events cancelled less than 30 days prior to event will have half of the deposit withheld. If the event is cancelled less than 14 days prior to event, the deposit will be forfeited.

**Payment: Balance** for this event is due 30 days prior to the event. If payment is not received 30 days prior, reservation will be cancelled, and deposit will be forfeited.

I \_\_\_\_\_ have read, understand, will abide by and will communicate to all individual users the procedures as stated herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (initial) In the case of cancellation within 30 days of the event, half the deposit will be withheld. If cancellation is less than 14 days prior to the event, deposit will be forfeited.

\_\_\_\_\_ (initial) I have read and will abide by the rules outlined in this agreement

***Below to be completed by VENUE upon receipt of signed contract & payment***

Completed contract received on \_\_\_\_\_ by \_\_\_\_\_.  
(Enter Date) (Venue Signature)

Deposit received on \_\_\_\_\_ by \_\_\_\_\_.  
(Enter Date) (Venue Signature)