Short-Term Space Use Agreement

Heart Marrow Counseling · 3506 SE 66th Ave, Suite 202, Portland OR 97206

1. Parties

Heart Marrow Counseling, 3506 SE 66th Ave, Suite 202, Portland OR 97206

Renter: _____

License or credential (if applicable): _____

Business name (if applicable): _____

Phone: _____

Email: _____

2. Event and Space

Space reserved: _____

Date(s): _____

Access begins: _____

Access ends: _____

Nature of the gathering: _____

Expected number of attendees: _____

Access times include setup and cleanup. Please build both into the hours you reserve.

3. Rate and Payment

Total due: _____

Full payment is due before access. Payment may be made by Venmo, Zelle, or check. Payment details will be provided separately.

The space is not confirmed until payment and the certificate of insurance have both been received.

4. Cancellation

Cancellations made more than seven (7) days before the reserved date receive a full refund.

Cancellations made within seven (7) days receive a fifty percent (50%) refund.

If Heart Marrow Counseling must cancel for any reason, the Renter receives a full refund.

5. Insurance

The Renter agrees to carry liability insurance covering this event and to list Heart Marrow Counseling as additionally insured. A copy of the certificate of insurance is required before access.

For many practitioners this does not require a new policy — an existing professional or general liability policy often covers group work, and the insurer can issue a certificate naming us. See our website for options if you need coverage.

6. Responsibilities

The Renter agrees to:

- Use the space only for the purpose described above, and only during the hours reserved.
- Leave the space clean and as found, including furniture returned to its original arrangement.
- Follow building access and security protocols and communicate these to attendees as needed.
- Remain present for the duration of the gathering and be responsible for attendees.
- Not exceed the stated number of attendees without written agreement.

Heart Marrow Counseling agrees to:

- Have the space clean, functional, and ready at the agreed access time.
- Provide access instructions in advance.
- Notify the Renter promptly of any issue affecting access.

7. Shared Space

Other practitioners and clients may be present in the building at the same time. We ask that everyone care for common areas and protect the privacy of others using the building.

Please let us know if any safety concerns or maintenance issues come up.

8. Practical Notes

Free parking lot, two-hour limit. There is also parking in the neighborhood behind the building for longer events. Water and tea station. Two gender-neutral bathrooms. No kitchen or refrigerator. The building is not ADA accessible — please let us know if this affects your attendees so we can talk it through in advance.

9. Agreement

By signing below, both parties agree to the terms of this agreement.

Heart Marrow Counseling

Signature: _____

Printed name: _____

Date: _____

Renter

Signature: _____

Printed name: _____

Date: _____

Questions or comments: