

Ka-Na-Chi-Hih

Specialized Solvent Abuse Treatment Centre

1700 Dease Street

Thunder Bay, ON

P7C 5H4

Tel: (807) 623-5577

Fax: (807) 623-5654

HEAD OFFICE: Suite 102-100 Anemki Dr

Fort William First Nation

Thunder Bay, ON P7J 1A5

Tel: (807) 626-1692

Fax: (807) 623-5654




CONTRACTUAL AGREEMENT, Quote

Between Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre, Resident Site, Hall located at **1700 Dease Street, Thunder Bay, ON**

And _____

Hereinafter referred to as the "client".

Ka-Na-Chi-Hih agrees to provide such services and amenities as outlined below on the date(s) specified.

The client agrees to abide by and conform to all relevant legislation as applicable, as well as all Ka-Na-Chi-Hih rules, regulations and policies. The client understands that no booking is finalized until a deposit has been received and that one week prior , 70% of the estimated bill is due. Furthermore, the client agrees to pay the remaining portion of their bill promptly following the conclusion of the said services. The client is aware that they are financially responsible for any damages that may be caused to the facility and agrees to pay for such repairs or replacements as necessary.

Rental...Date(s): _____

Catering... Yes ... No ... **Circle one** [request form attachment]

IF **NO** CATERING Please enter Your Full Address, phone # and email contact info.

Client Signature

Date

Vince Simon
Executive Director
Ka-Na-Chi-Hih

Print Name

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I _____ release Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre of any and all liability due to risks, hazards, or injury of all participants attending the function that I have signed this release and waiver of liability agreement for renting the hall and any other indemnities included.

I _____ am aware that all attendees are voluntarily participating in this function and agree to assume any and all risks of bodily injury, death, or property damage, whether these risks are known or unknown.

I _____ also agree and understand that NO ALCOHOL OR DRUGS whatsoever may be brought onto or consumed on the premises or property at which this event is taking place.

I have carefully read this agreement and fully understand its contents. I am aware that this release and waiver of liability is a contract between myself and Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre, and will release them of any and all liabilities occurring to myself and my guests while I am entered into the contract for hall rental and other indemnities included in this contract.

Signature(s) of Client: _____

Witness: _____

Date: _____

Number of Tables Required: _____

- Square Rows Semi-Circular
 Circle Horseshoe Style Other _____
{please specify}

REQUESTED ITEMS Per Day	Please ✓	COST x day(s)	REQUESTED ITEMS Per Day	Please ✓	COST x day(s)
PowerPoint Projector \$45.00	Yes <input type="checkbox"/> No <input type="checkbox"/>		Laptop \$45.00	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Projection Screen \$40.00	Yes <input type="checkbox"/> No <input type="checkbox"/>		Flip Chart \$15.00	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Overhead Projector \$30.00	Yes <input type="checkbox"/> No <input type="checkbox"/>		TV / VCR / DVD \$20.00 each	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Video Conferencing \$100.00 per day {require specifics}	Yes <input type="checkbox"/> No <input type="checkbox"/>		Podium \$10.00	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Photocopying \$.05 per page or colour 0.25 per page	Yes <input type="checkbox"/> No <input type="checkbox"/>		Microphone {sound system} \$ 25.00	Yes <input type="checkbox"/> No <input type="checkbox"/>	
FAX , Billboard Advertising, \$ 20.00 Yes <input type="checkbox"/> No <input type="checkbox"/> / \$1.00 per page			Extension Cords Yes <input type="checkbox"/> No <input type="checkbox"/>		
TRADITIONAL CEREMONIAL REQUESTS					
Sweat Lodge	Yes <input type="checkbox"/> No <input type="checkbox"/>	← Terms need to specify ← Terms need to specify Honourarium ← Terms need to specify Honourarium ← Terms need to specify			
Drumming	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Elder	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Cultural Room	Yes <input type="checkbox"/> No <input type="checkbox"/>				
KNCH Administration Costs				@ 10%	
FOR ADMINISTRATION PURPOSES ONLY					
Miscellaneous					
Signage					
Housekeeping notified and copied:	Yes <input type="checkbox"/>		_____	date and initial	
Cook / Chef notified and copied:	Yes <input type="checkbox"/>		_____	date and initial	
Calendar and Binder information:	Yes <input type="checkbox"/>		_____	date and initial	

TOTAL EVENT COST _____

Client Signature: _____

KA-NA-CHI-HIH rec'd: _____

..... ****Final invoicing may change due to last minute changes.**