



## POWELL RIVER THERAPEUTIC RIDING ASSOCIATION

4356 Myrtle Avenue, Powell River, BC V8A 0T2

[www.prtherapeuticriding.com](http://www.prtherapeuticriding.com)

[prtra@shawbiz.ca](mailto:prtra@shawbiz.ca) or [prtravolunteer@gmail.com](mailto:prtravolunteer@gmail.com)

Tel: 604 485-0177 Fax: 604-485-0178

BN 891519449 RR0001

**J.1.iv DB**

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### FACILITY RENTAL AGREEMENT

I/We, \_\_\_\_\_ of \_\_\_\_\_  
hereby make an application to rent the facility known as the Powell River Therapeutic Riding Association, located at 4356 Myrtle Road; we are renting:  
(Please circle one choice only)

- 1) arena only (HCBC# needed) 2) building only 3) arena and building together

\*Washrooms are not for public use if you are booking the arena only.

\*Absolutely no admittance to the general public unless otherwise agreed upon by the lessee and lessor.

On the following date(s) \_\_\_\_\_

for the purpose of \_\_\_\_\_.

I/We agree to pay a rental fee of \$ \_\_\_\_\_, a damage deposit of \$ \_\_\_\_\_  
(if applicable) and by my/our signature(s) do understand and agree to all articles of this contract.

I/We have special events liability (\$5 Million) to use the building; policy # \_\_\_\_\_, and will provide a copy of this policy to PRTRA. This insurance can be obtained on-line or Westview Insurance will do it for you for a fee - <https://www.palcanada.com/en/special-events-liability>. **If you are using the arena only, coaches insurance and/or BC Horse Council Insurance is sufficient.**

- 1) This agreement covers the use of the premises, and the time of occupancy only on the date or dates specified and shall be used only for the purpose for which this rental agreement is granted.
- 2) Rental rates are subject to change at any given time; applicants will be given notice prior to next annual rental period (if applicable).
- 3) During rental period, all fire exit doors will be kept unbolted, and all doorways, passages, etc. will be kept free from obstruction, and clear access will be maintained to all exits and other doorways. \*Lights over exit doors shall remain on during rental period.

The lessor's Fire Chief or appointee will have access, for inspection to the premises during rental period, and all suggestions made by him/her in the interest of public safety shall be carried out. According to the Building Fire Safety Plan, the applicant shall not exceed the occupancy rate at any time. (Building occupancy is dependent on non-fixed tables/chairs set up for dining or non-dining purpose, kitchen personnel for catered or other events, or standing room only – see below).

*Table set up (non-fixed tables/chairs) – dining – 0.95m sq. per person: max 60 pp*



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*Standing room only – 0.40m sq. per person: max 160 pp*

*Kitchen personnel (catering) – 9.3m sq. per person: max 3 indoor Arena – Riding Events: max 50 pp and 4 horses at a time (including riders Non-riding Events: max 250 pp (including users)*

- 4) Damages which may occur to floors, walls, ceilings, fixtures, furniture or any part of the fabric/upholstery shall be repaired by PRTRA using the cheque provided for the damage deposit. If the repair amount is greater than the cheque amount, the lessee will be billed for the difference; refusal to pay will result in loss of future rental privileges and possible legal action.
- 5) The Lessee will ensure the building is swept at the end of each day of use.
- 6) The lessee is responsible to provide their own coffee, filters, cream, sugar, milk, tea, etc.
- 7) The lessee must provide their own paper towels, paper or plastic dishes or cutlery, dish clothes, drying towels, etc.
- 8) The lessee may use the glass/stoneware/serving dishes, stainless cutlery in the cupboards/drawers, commercial coffee pot, stove, fridge, microwave, dishwasher, but they must be washed/put away/cleaned by the end of the rental period.
- 9) The lessor will provide toilet paper, bathroom paper towels, hand & dish washing/dishwasher soap and cleaning products.
- 10) At the end of each rental period, all remaining food stuffs and waste needs to be deposited in the garbage and taken by the lessee. The building must be left clean and secure as outlined in the attached checklist or the damage deposit will not be returned.
- 11) Do not use abrasive cleaners and/or bleach in our facility, we are on a septic system.
- 12) No nails, tacks, pins or tape or other objects are to be driven into or applied to walls, doors, floors, and ceilings on the premises, inside or outside. No confetti.
- 13) INDOOR ARENA – no glass, gum or smoking permitted in the indoor arena.
- 14) No intoxicating liquor shall be served, sold or consumed on the premises unless a valid Liquor permit is obtained and displayed by the Lessee. The applicant will also have the individual with the Serving It Right ticket, present at all times while alcohol is on the premises.
- 15) All appliances, lights and heat must be turned off – please check and re-check! (With the exception of the exterior security light, this light shall be the responsibility of the lessor.)
- 16) The lessee agrees to accept the premises at her/his own risk and covenants to hold the lessor harmless from all and any legal liability for loss, costs, of damages resulting from bodily injury



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(including death of or to any person or persons), or from damage to the property of others; to indemnify the lessor for any loss or damage to the lessor’s property, including any indirect expense resulting there from, other than any loss, out of the lessee’s occupancy of the premises to which this lease relates; this lease may be revoked or cancelled by the lessor at any time with cause and, in such event, the lessee shall have no claim or right to damages or reimbursement on account of any loss, damage or expense whatsoever.

17) The lessee agrees to provide a copy of current Liability Insurance (Tenant’s Legal Liability) to PRTRA.

**I/We hereby agree to the above articles and fees:**

Name: \_\_\_\_\_

Signature of Lessee: \_\_\_\_\_

On behalf of: \_\_\_\_\_  
Name of Organization

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

Witness: (Please print clearly) \_\_\_\_\_

Witness: (Signature) \_\_\_\_\_

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

**Application accepted by POWELL RIVER THERAPEUTIC ASSOCIATION**

Represented by: \_\_\_\_\_

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