

## London Health Center, Inc.

Sublease Agreement and application for Docere Room  
This agreement applies to single use, multiple use and ongoing sessions.

**London Health Center, Inc.** is located within the Mountain View Professional Center building located at 2376 Main Street Suite 5, Ferndale, WA. London Health Center, Inc. is leased from Angela S. London, ND LLC.

This agreement is between London Health Center, Inc (Original Lessee) and \_\_\_\_\_  
\_\_\_\_\_ (Business name and owner, Subtenant).

Name and description of each proposed class: Please include a CV, brochure or list of credentials.

\_\_\_\_\_  
Name of class Description

\_\_\_\_\_  
Name of class Description

\_\_\_\_\_  
Name of class Description (continue on back of page if necessary)

Please initial each point:

\_\_\_ **Rent:**

**Monthly/ongoing classes:** The rent for the term of this agreement is Seventy-Five Dollars per month (\$75) for each weekly hour block of time. The Docere room may be in use prior to the reserved time and needs to be cleared out for the next class by the end of the reserved time. Rent is due on or before the 1st of the month for the following month. If payment is made after the 3rd, it shall be considered late and will be charged a late fee. Checks should be made payable to LHC.

- **Rents paid between the 4th and the 10th will incur and additional charge of 10%.**

- **Rents paid after the 11th will incur an additional charge of 20%.**

**Single/limited use:** The rent is \$20/hour with a 2 hour minimum or \$125/ 8 hours block.

\_\_\_ **Deposit:** 50% of the monthly or single/limited use deposit is due at the time of this application.

\_\_\_ **Rules and Regulations:**

- a.) No street or athletic shoes are permitted in the Docere room. Only appropriate shoes that have not been worn outdoors, socks, slippers or bare feet are allowed.
- b.) No food or drinks (other than secure top water bottles) are allowed in the Docere room.
- c.) No pets are allowed in the building.
- d.) No smoking or open flames (including candles) are allowed in the building.

\_\_\_ **Termination:** Subtenant must give a 30 day notice of termination for monthly rentals or two week notice for single use rentals. Failure of notice will result in a loss of deposit.

\_\_\_ **Clean up:** The area must be left clean including the waiting room and bathroom. This includes emptying trash if needed and sweeping after each use.

\_\_\_ **Closing procedures:** Unless there is another class after yours, subtenant will ensure that lights are off, and doors and windows are locked. The two floor heating vents in the Docere room need to be closed when not in use. The Subtenant must always lock the deadbolt to the door and return the key to the lock box on the Suite 5 entrance door regardless of whether or not the clinic is open.

\_\_\_ **Optional services:** Subtenant may hire London Health Center for the following optional services:

- Link to your website on London Health Center's website: \$35 (one time fee)
- Check in support, providing brief direction and information to participants and writing down names of participants (only available during office hours): \$15/day
- Clean up/Closing support to include sweeping, empty garbage and/or putting away chairs: \$30/occurrence. *This will automatically be charged if the area is not reasonably clean after use.*

\_\_\_ **Noise:** The Subtenant understands this is a medical clinic. As a way to minimize conversations in the hallway the Subtenant will do their best to keep class participants from lingering in the hallway areas. The Subtenant also understands that patients/clients of London Health Center in the waiting areas may create noise that could be disruptive to a quiet class. The best quiet times for a class at London Health Center is before 9am and on Weekends.

\_\_\_ **Waiver of Liability:** As a consideration for being granted access to the rental of this space, Subtenant agrees that London Health Center, Inc., and Angela S. London, ND LLC shall not be held responsible or liable to any Subtenant or their family, client or guest for injury to their person or damages or loss of property for any reason. The undersigned, on its behalf and on behalf of all family members, hereby voluntarily assumes all risk of personal injury, property loss or damage, and/or other damages to the undersigned resulting from or in any way associated with the undersigned entry upon Angela S. London, ND LLC property and/or participation in any of the activities taking place on our facilities.

Further, the undersigned, on his/her own behalf and on behalf of all family members, guests and clients hereby releases London Health Center, Inc. and Angela S. London, ND LLC and their officers, agents and employees from every claim, liability, or demand of any kind or on account of any personal injury, property loss or damage, or other damages resulting from or in any way associated with the undersigned's entry upon property of London Health Center, Inc and Angela S. London, ND LLC and participation in its activities. This includes, but is not limited to liability for all damages from the active or passive negligence of London Health Center, Inc., Angela S. London, ND LLC or their agents. Further, the undersigned confirms he/she has read and understands this release.

This agreement constitutes the final, complete and exclusive statement of terms of the agreement between the parties as to the subject matter hereof, and superseded all prior and contemporaneous agreements, representations and understandings of the parties. The Agreement may be altered, amended or modified in whole or part at any time only by writing signed by all the parties hereto.

Governing Law: This Agreement shall be governed by, construed and enforced in accordance with the laws of the State of Washington.

\_\_\_ **Insurance and Licensing:** This applies to movement and ongoing classes. Subtenant shall maintain, during the period of this agreement, general liability insurance naming London Health Center, Inc. and Angela S. London, ND LLC on the liability policy. All applicable licensing required for the operation of his/her business shall be maintained. Subtenant shall provide copies of insurance and licensing before rendering services.

\_\_\_ **Trademarks:** The Subtenant shall not make use of London Health Center's trademarks, trade names and phone number without London Health Center's prior written consent. In the performance of services, the Subtenant agrees that the Subtenant shall not have the authority to enter into any contract or agreement to bind London Health Center and shall not represent to anyone the Subtenant has such authority.

\_\_\_ **Damages:** Subtenant shall hold harmless and indemnify London Health Center, inc. and its employees, and Angela S. London, ND LLC from and against any and all actions claim, losses, damage suits, or other proceeding. Subtenant is responsible for repair or replacement of any damaged property or stolen goods from London Health Center.

\_\_\_ **Date and Time of Event:** The term of this agreement shall commence on:

\_\_\_\_\_ at \_\_\_\_\_  
Day(s) of the week Time

\_\_\_\_\_ at \_\_\_\_\_  
Day(s) of the week Time

To be determined. Preferred time(s) \_\_\_\_\_

The undersigned states that he/she has read and understands the terms and conditions of this Agreement, agrees to be bound by such terms and conditions and acknowledges that he/she has received a copy of this Agreement.

I agree to the terms and conditions outlined in this agreement under the option(s) I choose.

I am renting the room for \_\_\_\_\_ hours per week (x \$75) = \$ \_\_\_\_\_/Month plus 50% deposit.

I am renting the room for \_\_\_\_\_ hours for a single/limited use (min 2 hours) x \$20. \$ \_\_\_\_\_

I would like to hire London Health Center for the following optional services (please check all that apply)

\_\_\_ Link to your website on London Health Center's website: \$50 - one time fee.

\_\_\_ Check in Support (only available during office hours): \$20

\_\_\_ Clean up/Closing support: \$40 per event

Total amount due: \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_ (please include a minimum 50% deposit)

\_\_\_\_\_  
Printed Name of Subtenant and name of business

\_\_\_\_\_/\_\_\_\_\_  
Signature of Subtenant Date

\_\_\_\_\_  
Street Address City Zip Code

\_\_\_\_\_  
Phone number email address

**Return this application/contract to London Health Center. For questions please call 360 384-2900.**