



KTHFS Healing Place

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6000 New Way Klamath
Falls, OR 97601

APPLICATION FOR MULTI-PURPOSE ROOM(S) USE

Date: _____

Name of Organization/Group: _____

Date needed: _____ Day of use (please circle): M T W T F

I/we would like to utilize the multi-purpose room from _____ a.m./p.m. until _____ a.m./p.m.

Please note the multi-purpose room is only available 8 am to 5 pm, M-F

(exceptions Tribal Council or KTHFS official business with approval from HGM).

Type of activity: _____ How many attendees are expected? _____

Person(s) Responsible: Name: _____ Telephone: _____

Address: _____ Email (REQUIRED): _____

FEE SCHEDULE

If the Room is rented for 4 hours or less, a fee of \$20.00 is required (exceptions for Tribal Council or KTHFS official business). If room usage will exceed the 4 hours, the fee schedule below will apply:

Use Fee

Government Agencies – City, County, State, and Federal Entities (External Use)	\$100.00/Day
Local Committees Dealing with Tribal Issues	\$15.00/day
Tribal Administration, Tribal Entities, Tribal Groups, Tribal Organizations	\$40.00/day
Tribal Council & KTHFS Official Business (Internal Use)	No Fees

After Event Charges:

Please leave the Multi-purpose Room in good, clean, undamaged condition. Any damages will be assessed and charged to the group that caused the damages.

All fees need to be received in advance before use of the room!

Multi-purpose Room Terms and Conditions

1. Use fee (per schedule) \$ _____ will be made prior to use of room (exceptions for Tribal Council and KTHFS official business).
2. I/we agree to enter and have guest enter the Multi-purpose Room from the front doors of the facility.
3. I/we agree that no equipment or furniture will be removed at any time from the building.
4. Renters are responsible for their own set up and take down for their events including but not limited to tables and chairs, as well as vacuuming floor, bagging and placing all trash in the outside dumpster.
5. The Multi-purpose Room is only available during business hours established for the Klamath Falls clinic. The Multi-purpose Room is not available after hours, weekends or holidays.
6. Alcoholic beverages, any form of tobacco/vaping products, and any form of drugs or narcotics are not permitted on Tribal Property (Multi-purpose Room). The Tribal Drug-Free Workplace policy will be followed and enforced.
7. The Multi-purpose Room is a Smoke-Free Environment (per Tribal Policy). There is no smoking/vaping permitted inside.
8. Renter agrees to provide at least 1 adult chaperone for every 10 juveniles, when renting for the purpose of juvenile activity, further agree that said juveniles will not be permitted to go "in and out" of the building until conclusion of that function.
9. Renter agrees to not allow unauthorized person(s) in the building (any person not a member of the above organization or group).
10. No pets/animals are allowed.
11. Renters are not permitted in any other areas other than the Multi-purpose Room, and need to use the doors associated with the Multi-purpose Room for entering and exiting the building.

Payments payable to: Klamath Tribal Health & Family Services, Attn: Finance Dept/Accounts Receivable, 3949 S. 6th Street, Klamath Falls, OR 97603 by check or exact cash delivered in person. Renters are responsible for reasonable care of the facility, furnishings, and cleanliness. Costs incurred as a result of unsatisfactory cleaning or damages after the rental will be charged by invoice.

I have read the terms and conditions regarding rental and use of the Multi-purpose Room. I agree to comply with these terms and conditions, and to inform individuals present at my rented use of the room's terms and conditions.

I further agree to be responsible for any damage or loss and shall hold harmless and indemnify the Klamath Tribal Health & Family Services, its officers, agents, and employees from any and all liability for personal injury, death or property damage arising out of my use of the Multi-purpose Room.

Violation of any of the above-mentioned terms, may result in immediate removal from premises, and possibly denial of future use of the room.

Signature of Responsible Person: _____ Date: _____

Email of the Responsible Person: _____

Approved by HPM: _____ Date _____

Use Fee Charge \$ _____

Approved by AO: _____ Date _____

Payment Receipt Date: _____

Received by: _____

Revised 09/09/2024