

Connexion Psychological Practice Ltd.

Venue Lease Agreement

Counseling Room:

1. The application form can be downloaded from the [Center's website](#) or by calling the Center at **28818860**.
2. Applicants are required to pay the full amount (in order to reserve the room) on the first three (3) days of the lease (before the day of the consultation).
3. If you need to change the date, you must notify the center within twenty (24) hours prior to office hours. If you are absent without notice or cancel your lease, you will still be charged the full cost.

Activity Room:

1. Application must be submitted fourteen (14) days prior to the date of lease.
2. The applicant is required to pay 50% of the total rental amount within two (2) days of acceptance of the application as deposit. The room will be reserved after receipt of the deposit.
3. The application form can be downloaded from the [Center's website](#) or by calling the Center at **28818860**.
4. The balance of rental amount must be paid three (3) days before the lease.
5. Rent does not include the venue decoration and after the clean-up.
6. If there is no notice, or need to change the date / cancellation of the rental site, must be notified to the center forty-eight (48) hours before, or the need to pay the full cost.
7. The venue will be opened to the tenant for fifteen (15) minutes before the rental time, depending on room vacancy at point of time.

Lease terms

1. All venue users are required to comply with the Code of Use. If there is any violation, the Center reserves the right to terminate the rental of the room at any time. The payment fee will not be refunded.
2. The center is suspended when there is a No. 8, No. 9 or No. 10 typhoon or black rainstorm warning signal and will be re-opened after three (3) hours of the above signal cancelled. The hirer / group may be delayed or canceled due to the above reason, no rental fee will be charged.
3. After the use of the premise, the tenant must re-organize and clean the room(s) to the original set up.
4. The tenant must immediately and completely dismantle and remove any props from the premises when returning the room to the center.
5. If there is damage to the site or facilities, the tenant / group shall be liable for restoration fee for the damage(s).
6. During the tenancy period, the Center will not be held responsible for any loss of property or personal injury or death caused by the activities held by the tenant / group.
7. The tenant / group understands and agrees that the activities held are subject to the laws of the Hong Kong Special Administrative Region.
8. The Center reserves the right to make any changes to this Code without prior notice.

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9. The tenants / groups are responsible for the words and deeds of the participants and must keep the site clean and ensure that the interior items are in place without damage. Any waste must be filled with plastic bags and placed in the specified position.
10. In order to keep the site clean and tidy, the tenants are not allowed to eat **and smoking; any illegal and unethical activities are prohibited. In the event of such a finding, the Centre shall have the right to terminate the lease of the site immediately and not to return the paid rent or to receive a fixed penalty. In addition, future lease to this tenants /groups may not be granted. (** under special circumstances, the tenant/group can make a request for food/drinks on the rental application form, and the Center may take into special consideration on a case by case situation.)

Applicant's Name : _____ (Please fill in BLOCK LETTERS)

Institutional Name : _____ (Please fill in BLOCK LETTERS)

Contact Phone: _____ (Mobile) _____ (Office)

Date of Lease - From: _____ To: _____

Time of Lease - From: _____ To: _____

I / Organization _____ (Authorized Name) agrees to all terms of the lease and is responsible for the physical damage or loss of property of the Center during the use of the premises. I / We are also committed to comply to and to ensure our event's participants will comply to the terms of the lease listed by the Center. If there is any loss, incidental nature, including misfortune, bacterial infection, etc., we commit to NOT undertake any legal actions on and/or seek compensation from Connexion Psychological Practice Limited and/or its employees.

Signature of Authorized Applicant: _____

Identification No. of Authorized Applicant: _____

Application Date: _____

[Note: *If the application is from an organization, please stamp this application form (beside the Signature above) with your corporate seal.]*