SHINE be a lamp, a lifeboat, a ladder

Usage Agreement (The Light House)

The Light House 5190 Cline Rd, Kent, Oh 44240 cortneyshineakron@outlook.com www.SHINEakron.com/lighthouse



Pricing

Host your next event at the Light House, the premier Northeast Ohio space for educational services, day retreats, workshops, training, corporate team building, wellness, and much more. The Light House is versatile and can accommodate many different experiences.

^{***}Overnight stays will be charged an additional \$100 cleaning fee

| Usage Rates facility usage only* | Per Hour | Up to 4 Hours | Day 8a to 4p | Full Day 8a to 8p | Overnight 5p to 12p** or 8p to 3p | Overnight + Day 5p to 5p** |
|-------------------------------------|----------|------------------|-----------------|----------------------|---|----------------------------------|
| Monday - Thursday | \$30 | \$105 | \$195 | \$255 | \$285 | \$315 |
| Friday - Sunday (+ holidays) | \$40 | \$130 | \$235 | \$295 | \$325 | \$405 |

Approved Uses

EDUCATION + TRAINING

Large flex space. Classroom style or yoga set up available. Projector, TV, white-board and other supplies available.

WORKSHOPS

The Light House is the perfect place to host your next yoga or wellness workshop. Two options available: Rent the space by the hour/day or partner with us and we will help you promote your event.

DAY RETREATS

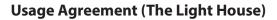
The Light House is a comfortable space that has all the amenities including a kitchenette with refrigerator/freezer, dishwasher, gas stove/oven. Other features of interest: large area for yoga; walking path, private outdoor area, outdoor grill, fire-pit, 1.5 acre pond for swimming, paddle boating, fishing; living and flex space. Additional services offered: wellness add-ons, training services.

CORPORATE TEAM-BUILDING

Host your next corporate team-building event with us. We have everything you need, including optional corporate wellness and training services.

^{*}Additional add-on services at your request

^{**}Not currently available





| Name of person or organization requesting facility: |
|--|
| Name of person responsible for event: Title: Email Address: Cell Phone Number: |
| Event type: Education + Training Workshop Retreat Corporate Team-building Other |
| Description of intended use: |
| Equipment/areas needed (no additional charge, but must be checked if using for preparation): TV for projection White-board Pond access Kitchenette Outdoor grill Table + Chairs Outdoor fire-pit Other |
| Add on items: Massage or Reiki Sessions (\$70/person) Yoga Class (\$100/class) Food Services Yoga Props (\$50 cleaning fee required) Extra water jugs (\$10/jug) Wedding Services Education Services: Enter class name(s) here: Visit www.shineakron.com/education-services for a list of Education Services offerings |
| Date(s) requested: Times needed: Approximate # of attendees: |

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| This agreement is made between as "SPONSOR") and SHINE Akron LLC (referred to as "SI | HINE"), concerning the use of The | , (referred to SHINE Light House facilities | to |
|---|---|---|----|
| on the dates and times specified below: Date(s): | | and | |
| Times | rms and conditions: the use of the facilities. cleaning fees. (Overnight stays are all other. Description here mages caused to the facilities and/ or the requested use of the facility rnight stays or retreats. HINE harmless from any and all lo equate supervision of the activitie s). pproved areas of the Light House or | e required to pay a \$100 cleaning feed /or the equipment therein. /. ess, damage or injury to any person of the conducted at SHINE'S facilities and depending on rates. | or |
| SPONSOR'S REPRESENTATIVE SIGNATURE | TITLE | DATE | |
| SHINE'S REPRESENTATIVE SIGNATURE | Owner | | |
| SHINE'S REPRESENTATIVE SIGNATURE | TITLE | DATE | |
| Credit Card for file/damages/incidentals: | | | |
| 16 DIGIT CREDIT CARD NUMBER | 4 DIGIT EXPIRATION | 3 DIGIT CVV ZIP CODE | |
| Office Use Only | | | |
| | | | |
| Total Amount Due: | Deposit due date: | | |
| Deposit Amount Due: | Paid in full due dat | e: | |
| Deposit Received Date and Amount: | Date paid in full: | | |
| Additional Comments: | | | |