



Centurion Dental Training Practi(CE)nter  
 1150 Civic Dr. Suite 100  
 Walnut Creek, Ca 94596  
**RENTAL AGREEMENT**

PAGE#: 1  
 REF #: \_\_\_\_\_  
 FUNC#:

FUNCTION DAY/DATE: \_\_\_\_\_  
 ORGANIZATION: \_\_\_\_\_

**It is the policy of Centurion Dental Practi(CE)nter to ensure against any contractual conflicts of interest with respect to applicable vendors and or contractors. Please have the respective vendor / contractor / agent complete this form in its entirety.**

Company Name			
Nature of Contract or Services	LECTURE___ SEMINAR___ HANDS ON TRAINING___ OTHER___		
Mailing Address			
Billing Address	(Same as Above)		
Contracting Customer			
Phone			
E-mail			
On Site Customer Contact			
Authorized Signer	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Is the above In-House contact authorized to make changes, sign for charges, and order additional items?</i>		
Training Coordinator: Katrece Raine	Phone: (510) 813 - 4812	Fax: (925) 934-7888	e-mail: katrece@centurionpracticecenter.com
Date prepared:	_____ 2022		

**\*\*\*Guarantee of attendance required 30 business days prior to event. \*\*\***  
**\*\*\*Final Training Room Assignments Subject to change. \*\*\***

Agenda			Attendance		
Time	Function	Location	EXP	GTD	SET
	Training / Rental	<input type="checkbox"/> CE Training Center (\$2200) <input type="checkbox"/> Conference Room (\$550)			



**Centurion Dental Training Practi(CE)nter**  
 1150 Civic Dr. Suite 100  
 Walnut Creek, Ca 94596  
**RENTAL AGREEMENT**

PAGE#: 2  
 REF #: \_\_\_\_\_  
 FUNC#: \_\_\_\_\_

FUNCTION DAY/DATE: \_\_\_\_\_  
 ORGANIZATION: \_\_\_\_\_

**It is the policy of Centurion Dental Practi(CE)nter to ensure against any contractual conflicts of interest with respect to applicable vendors and or contractors. Please have the respective vendor / contractor / agent complete this form in its entirety.**

NON-REFUNDABLE DEPOSIT <small>(Due upon reservation hold)</small>	<input type="checkbox"/> \$850 Training Center  <input type="checkbox"/> \$250 Conference Center
CATERING/ AV FEES	<b>Room Rental, Food &amp; Beverage, and A/V are subject to _____% Service Fee/Gratuity &amp; 8.5% Sales Tax</b>
Audio Visual	Complimentary items include: <ul style="list-style-type: none"> <li>• Wireless high-speed internet, 15 mannequin workstations with TV Monitor and dental equipment.</li> <li>• Two 60-inch LED Television Screens mounted on training center wall.</li> <li>• Extension cord, Power strip, Audio visual cart, office suppl.es</li> </ul> No additional A/V requested. <ul style="list-style-type: none"> <li>•</li> </ul>

**\*\*FOOD REQUESTED \_\_\_\_\_ YES \_\_\_\_\_ NO\*\*\***  
**\*\*WATER ONLY \_\_\_\_\_ YES \_\_\_\_\_ NO\*\*\***

<b>Food &amp; Beverage Notes</b>	<i>If any food and beverage event is cancelled within <b>3 business days</b> of its scheduled starting time, _____ agrees to pay Centurion 100% of the total food and beverage, audio visual, and function room fees as listed above, plus applicable taxes.</i>
<b>Conference Rental Fees</b>	<input type="checkbox"/> \$550 per day _____ (8AM – 5PM) \$Special Pricing: _____
<b>Training Room Fees</b>	<input type="checkbox"/> \$2200 per day _____ (8AM – 5PM) \$Special Pricing: _____
<b>Cancellation of Event</b>	_____ agrees that if it cancels the meeting / training / event <b>30 business days</b> prior to arrival, it will pay Centurion total costs of food & beverage (If applicable, audio visual, and function room fees as listed on this agreement, plus applicable taxes, up on cancellation of the event as a reasonable estimate of the harm the cancellation will cause Centurion. Centurion agrees that after receiving this payment, it will not seek additional damages.



**Centurion Dental Training Practi(CE)nter**  
 1150 Civic Dr. Suite 100  
 Walnut Creek, Ca 94596  
**RENTAL AGREEMENT**

PAGE#: 3  
 REF #: \_\_\_\_\_  
 FUNC#:

FUNCTION DAY/DATE: \_\_\_\_\_  
 ORGANIZATION: \_\_\_\_\_

**It is the policy of Centurion Dental Practi(CE)nter to ensure against any contractual conflicts of interest with respect to applicable vendors and or contractors. Please have the respective vendor / contractor / agent complete this form in its entirety.**

<b>Billing Summary</b>	<p>Payment Method: VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ CASH _____</p> <p>Total amount will be billed at conclusion of event.          TOTAL FEES: \$ _____</p> <p>Copy of final bill will be e-mailed to you at: _____</p> <p><i>The Authorized Signer listed above has permission to approve, sign for, change and/or order additional items that are not listed on this Banquets Event Order.</i></p> <p><b>Training Rental, Food &amp; Beverage, and A/V are subject to ___% Service Fee/Gratuity &amp; 8.5% Sales Tax</b></p>
<b>CONFLICT DISCLOSURE:</b>	<ul style="list-style-type: none"> <li>Is there a financial relationship, employment, or engagement arrangement (Full, part-time, or voluntary) between Vendor / Contractor and employee (Current or Former) or a close relation?           <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>IF Yes</b> – Please list your disclosure:                _____  <u>Commercial Interests:</u> Indicate the name of the company, etc.: _____  <u>Nature of Relevant Financial Relationship:</u> (Please identify name of individual with relationship and he type of relationship: _____</li> <li><input type="checkbox"/> <b>IF No</b> -Please move to Waiver of Liability, Lost / Damage &amp; Declaration Section.</li> </ul> </li> </ul>



**Centurion Dental Training Practi(CE)nter**  
 1150 Civic Dr. Suite 100  
 Walnut Creek, Ca 94596  
**RENTAL AGREEMENT**

PAGE#: 4  
 REF #: \_\_\_\_\_  
 FUNC#:

FUNCTION DAY/DATE: \_\_\_\_\_  
 ORGANIZATION: \_\_\_\_\_

**It is the policy of Centurion Dental Practi(CE)nter to ensure against any contractual conflicts of interest with respect to applicable vendors and or contractors. Please have the respective vendor / contractor / agent complete this form in its entirety.**

**Waiver of Liability,  
 Assumption of Risk,  
 Indemnity**

**Please check mark  
 all that apply.**

- Assumption of Risk:** I am voluntarily participating in this event. I am aware of the risks associated with traveling to/from and participating in this event, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the event location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this event, including travel to, from and during the event.
- Representation Concern Health:** I attest that I am physically and mentally capable of participating in the event and I have no known health or other restrictions that might interfere with my ability to participate in the event or endanger my health in connection with the event. I give permission to Centurion to provide immediate and reasonable emergency care should it be required. If I need medical or emergency treatment, I agree to be solely financially responsible for any costs incurred because of such treatment. I am aware and understand that I should carry my own health insurance. I agree to indemnify and hold harmless Centurion from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said contact, medical or emergency treatment or emergency care.
- Image Release:** I agree that Centurion may record, edit, use, reproduce, publish, and distribute by wat of all media and transmission my visual and/or audio likeness related to my participation in the event. Centurion is further granted permission to use such materials for educational, fund raising or other purposes worldwide and in perpetuity. I agree that Centurion will be held harmless from any liability that may arise regarding the production, use, and distribution of such materials as described herein, and Centurion hereby released from any claims relating to the rights granted *above*.
- Waiver & Release of Claims:** In consideration for being allowed to participate in this event, on behalf of myself and my next of kin, heirs, and representatives, I release from all liability and promise not to sue Centurion and their board of trustees, employees, officers, directors, volunteers, and agents (collectively "Centurion") from all claims, including claims of the Centurions negligence, resulting in any physical or psychological injury (including paralysis and death). Illness, damages, or economic or emotional loss I may suffer because of my participation in this event, including travel to, from and during the event.
- Indemnification and Hold Harmless:** I agree to indemnify and hold Centurion harmless from all claims, including attorney's fees or damage to my personal property that may occur because of my participation in this event, including travel to, from and during the event. If Centurion incurs any of these types of expenses, I agree to reimburse Centurion.
- Severability:** It is understood and agreed that, if any provision of this Agreement or the application thereof is held invalid, the invalidity shall not affect other provisions of this or application of this Agreement which can be given effect without the invalid provisions or applications. To this end, the provisions of this Agreement are declared severable.
- Damage and Lost Items:** Centurion is not liable for Lost or Damaged items provided by the guest, trainee, or instructor for use during your event. Centurion cannot secure such items, which are not reclaimed on the event date. We suggest a representative of your party be designated to collect any such items at the conclusion of event. **Should damage occur to the Centurion building or equipment during event /rental (By participant or its guest), damaged equipment will be invoiced and due immediately.** INITIAL \_\_\_\_\_



Centurion Dental Training Practi(CE)nter  
1150 Civic Dr. Suite 100  
Walnut Creek, Ca 94596  
RENTAL AGREEMENT

PAGE#: 5  
REF #: \_\_\_\_\_  
FUNC#:

FUNCTION DAY/DATE: \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_

**It is the policy of Centurion Dental Practi(CE)nter to ensure against any contractual conflicts of interest with respect to applicable vendors and or contractors. Please have the respective vendor / contractor / agent complete this form in its entirety.**

**Governing Law & Venue:** This Agreement shall be construed in accordance with, and governed by, the laws of the State of California. The venue for any action arising out of this Agreement shall be the County of Los Angeles, State of California. The parties agree to submit to jurisdiction on the State Courts, Los Angeles County, California.

**Scope of Agreement:** The language of all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against any party. This Agreement is the only, sole, entire, and complete agreement of the parties relating in any way to the subject matter hereof. No statements, promises, or representations have been made to any party to any other, or relied upon, and no consideration has been offered or promised, other than as may be expressly provided herein. This Agreement supersedes any earlier written or oral understandings or agreements between the parties.

**Volunteer Statement:** I understand that the above-described volunteer service will be uncompensated (except for per diem, where applicable). I understand that either I or Centurion may terminate this relationship at any time.

**Acknowledge of Understanding:** I acknowledge that I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing Centurion from all liability, (b) promising not to sue Centurion, (c) and assuming all risks of participating in this event, including travel to, from and during the event. I have read this document and fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily. I acknowledge that by my signature, I intend that this release be a complete and unconditional release of all liability as it relates to the event to the greatest extent allowed by law and with the intention of binding my heirs, executors, administrators, legal representatives, and assignees.

**If Participant Is under 18 years of age: I am the parent or legal guardian of the Participant.** I understand the legal consequences of signing this document, including (a) releasing Centurion from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this event, including travel to, from and during the event. I am allowing the Participant to participate in this event. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document. I have read this document and fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily. I acknowledge that by my signature, I intend that this release be a complete and unconditional release of all liability as it relates to the event to the greatest extent allowed by law and with the intention of binding my heirs, executors, •• administrators, legal representatives, and assignees.

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



Centurion Dental Training Practi(CE)nter  
 1150 Civic Dr. Suite 100  
 Walnut Creek, Ca 94596  
**RENTAL AGREEMENT**

PAGE#: 6  
 REF #: \_\_\_\_\_  
 FUNC#:

FUNCTION DAY/DATE: \_\_\_\_\_  
 ORGANIZATION: \_\_\_\_\_

**It is the policy of Centurion Dental Practi(CE)nter to ensure against any contractual conflicts of interest with respect to applicable vendors and or contractors. Please have the respective vendor / contractor / agent complete this form in its entirety.**

<b>Cleaning Fee</b>	<b>Along with your standard function deposit. There will be a non-refundable cleaning fee of \$250.00. (Due upon signing of contract)</b>
<b>ADDITIONAL FEES</b>	To avoid additional charges / fee's, please be advised of your contracted time frame of usage. Overtime will be billed at \$50 per hour and charged to the Credit Card on file. Initials: _____
<b>Acceptance</b>	<b>If in agreement, please sign contract;</b> <ul style="list-style-type: none"> <li>Scan / Email to: <i>Katrece Raine, Centurion Dental Practi(CE)nter Marketing &amp; Training Coordinator</i> @ <a href="mailto:katrece@centurionpracticecenter.com">katrece@centurionpracticecenter.com</a> OR</li> <li>Fax To: 925 444-0684 by <u>MM/DD/YYYY</u>.</li> </ul>
<b>Print Name</b>	

**DECLARATION:**

**I certify that the above information is accurate and true.**

**Signature: (Type in Name for Electronic Signature and Replace Empty Box with Blackened Box Here to Enter into Binding Obligation):** \_\_\_\_\_

*To insert a blackened box ("■"), this may be done in Microsoft Word by double-clicking on the above unfilled box, choosing a blackened box, and then clicking "Insert." Alternatively, one can use the commands "Insert" and "Symbol," choose the blackened box, and then click "Insert."*

<b>Date:</b>		<b>CLIENT NO#</b>	
--------------	--	-------------------	--