



# FISHING LAKE METIS SETTLEMENT

EMIS WHERE ALL ARE  
PROSPEROUS, HEALTHY, AND  
ENJOY A GOOD QUALITY OF LIFE.

## FISHING LAKE METIS SETTLEMENT IN THE PROVINCE OF ALBERTA COMMUNIPLEX RENTAL POLICY #002/2019

### Policy Statement

The purpose of this policy is to establish guidelines and rules for the use of the Fishing Lake Metis Settlement Communiplex. Anyone using the Communiplex must be respectful and mindful of the building and its amenities.

### Administration

The Fishing Lake Metis Settlement Receptionist is the Communiplex Representative and is responsible for the Administration of keys and walk through before and after use of Communiplex. Walk through will need to be done during regular work hours, with a check list provided.

### Notice:

Rentals must be booked with the Communiplex Representative within a minimum of 1 week's notice.

### Damage Deposit

Anyone renting the hall **MUST** pay a damage deposit of \$250.00 upon booking of the Communiplex. Damage deposits will be returned when the keys are returned and the final walk through has been completed and is satisfactory to the Communiplex Representative.

### Representatives

Families/groups renting the Communiplex **MUST** select one representative to assume all responsibilities for the use of the Communiplex.

### Wakes & Funerals

Wakes & Funerals are required to pay full damage deposit for the Communiplex. There will be zero tolerance for alcohol, cigarettes or cannabis usage in the Communiplex. Any suspected usage will mean a default in your damage deposit.

ALL wakes and funerals for Settlement members are exempt from paying Communiplex rental fees and will have full access to the Kitchen.

### Exceptions

Charitable groups will be exempt from rental fees but will still need to have a representative responsible for the cleaning and cleaning supplies, and must submit request minimum 1 week prior to event. Damage deposit is required.



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Public Community events provided by the Fishing Lake Metis Settlement Administration have first priority of the use of the Communiplex. The Department hosting the event will be the representative and will be responsible for the clean-up for the event.

### Cleaning

Anyone utilizing the Communiplex for private use must provide their own cleaning supplies.

**\*Note: Incidents of vandalism, failure to remove garbage and properly deposit in the outside bins at the end of the event, or excessive uncleanliness will result in the forfeiture of the damage deposit.**

### Key:

The Communiplex key will need to be signed in and out by the rental representative during regular work hours with the Communiplex Representative.

### Rental Rates:

| Applicant  | Full Day Rental Fee: | Half Day Rental: | Foyer Rental: | Training Lab: |
|------------|----------------------|------------------|---------------|---------------|
| Member     | \$150.00             | \$100.00         | \$50.00       | \$50.00       |
| Non-Member | \$300.00             | \$150.00         | \$100.00      | \$100.00      |

**Use of Sound system: \$50.00 refundable deposit fee**

**Kitchen Use: \$50.00 refundable deposit fee**

**Full Day Rentals** are defined as being in the building for more than 8 hours.

**Half Day Rentals** are defined as being in the building for 4 hours or less.

**Foyer Rentals** means no other main areas except the Foyer are to be used.

\*If Kitchen is not cleaned or damage is done to the sound system the damage deposit will be non-refundable. Anyone using the Kitchen will need to supply their own utensils and equipment needed, no utensils or equipment is to leave the Kitchen, anyone caught taking items will not receive their damage deposit back.

### Tables & Chair Rentals:

There will be NO rentals of tables and chairs for usage outside of the Communiplex.

**\*All other Rules and Regulations are set out in the attached 'Schedule A' Communiplex Rental Agreement.**

'Schedule B' Tables & Chairs Waiver & Assumption of Risk is also attached to this policy.



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PROSPEROUS, HEALTHY, AND  
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Date of Adoption: July 15, 2019

FLMS Administrator  
{SEAL}

FLMS Chairperson



## Fishing Lake Metis Settlement

### Schedule A

### Communiplex Rental Agreement

Name/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Use: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Rental Fee: \$ \_\_\_\_\_ Damage Deposit: \$ \_\_\_\_\_

**\*Rental & Damage Deposit fee is due upon booking with the Communiplex Representative.**

I \_\_\_\_\_, hereby agree to the following rules and regulations:

1. The damage deposit fees are due upon booking of the Communiplex. as per policy the rental fee must be paid before the event and before the keys are to be given to the representative for the event.
2. That if for any reason the rental services are cancelled that all fees are to be refunded within 1 week of cancellation.
3. Accept full responsibility for the use of the Communiplex and are personally responsible for any losses and/or damages that may occur during the rental period or to any furniture and/or fixtures caused by persons attending the event.
4. That only masking tape and special tapes designed for easy removal without causing damage to painted surfaces may be used to attach or hang decorations. Staples, pins and thumb tacks are NOT to be used at any time. All decorations and tapes MUST be removed after the event.
5. Keys will need to be picked up during regular work hours with the Communiplex Representative.
6. The Settlement "No Smoking Bylaw" MUST be adhered to at ALL times by ALL persons attending the event.
7. Copies of liquor licenses, gaming licenses, etc. must be attached to Rental Agreement.

Signature of Rental Representative: \_\_\_\_\_

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

Signature of Communiplex Representative: \_\_\_\_\_

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



Schedule B-  
Tables & Chairs

Waiver and Assumption of Risk Form

Upon execution of this form I, \_\_\_\_\_, hereby assume any and all risk of loss, liability, damage or costs, property damage that may incur arising out or in connection to the rental of the tables and chairs of the Fishing Lake Metis Settlement.

I fully understand the terms set forth in this form.

Number of Tables Used: \_\_\_\_\_ Name of Chairs Used: \_\_\_\_\_

Date of pick up: \_\_\_\_\_ Expected Return Date: \_\_\_\_\_

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FLMS Communiplex Representative

\_\_\_\_\_  
Date

**COMMUNIPLEX KEYS SIGN OUT SHEET**

| NAME OF REPRESENTATIVE:<br>(print name) | DATE KEYS PICKED UP: | SIGNATURE OF REPRESENTATIVE: | EXPECTED DAY OF KEY RETURN: | SIGNATURE OF REPRESENTATIVE: |
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