



2703 Miller Street Bethany, MO 64424

Ph: 660-425-0236

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www.hcchospital.org

Harrison County Community Hospital

P.A.W.S. Sensory Trailer Usage Agreement

Organization Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Event Date/Time: _____

Location of Event: _____

Terms of Use:

1. \$100 Deposit:

To reserve the P.A.W.S Sensory Trailer for your event, a \$100 deposit is required. This deposit maybe refunded, if the event is less than 50-mile radius from HCCH, after the event, provided that no damages have occurred to the trailer or its contents. Any damages exceeding the deposit amount will be billed to the organization.

2. Trailer Care:

The organization is responsible for the proper use of all equipment and materials in the sensory trailer and must ensure they are returned in good condition. The trailer must be kept clean, and all rules listed in the attached **P.A.W.S. Sensory Trailer Rules** must be followed.

3. Supervision:

The organization must provide adequate supervision to ensure the safety and well-being of all participants using the trailer.



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4. Indemnity Clause:

By signing this agreement, the organization agrees to indemnify and hold harmless Harrison County Community Hospital, its staff, and affiliates from any claims, damages, or liabilities arising from the use of the P.A.W.S. Sensory Trailer. The organization assumes full responsibility for the safety of all participants and agrees that the hospital is not liable for any injuries or damage that may occur during the event.

5. Cancellation Policy:

Cancellations must be made at least 48 hours before the scheduled event. Failure to cancel within this timeframe may result in forfeiture of the deposit.

Agreement Acknowledgment:

I, the undersigned, have read and agree to the terms outlined in this P.A.W.S. Sensory Trailer Usage Agreement. I understand the responsibilities associated with using the trailer and agree to abide by all rules and conditions.

Signature of Authorized Representative:

_____ **Date:** _____

Office Use Only:

- **Deposit Received:** __ Yes __ No
- **Miles to event:** _____
- **Condition of Trailer After Event:** __ Satisfactory __ Unsatisfactory
- **Refund Issued:** __ Yes __ No (If no, reason: _____)