

# International Performing Arts Center

A subsidiary of Chinese Performing Arts of America (CPAA)

6148 Bollinger Road, San Jose, CA 95129

Tel: (408) 973-8276 \* Fax: (408) 973-8255 \* www.cpaasv.org

## Studio and class room rental Invoice

Organization:					SS#/tax id:		
Phone:					Email:		
Address:							
Class description:							
	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday
Time:							
Room:							
Time:							
Room:							
Rental rate: /hour				Security Deposit (1 month rent):			
Rent payment this month→	Jan.	Feb.	March	April	May	June	Year: 2015
List the dates used this month:	July	Aug	Sept	Oct.	Nov.	Dec.	Year: 2016
	Jan	Feb.	March	April	May	June	Year: 2016
	July	Aug	Sept	Oct.	Nov.	Dec.	Year: 2016

I am the tenant, the legal representative of \_\_\_\_\_. I agree to rent the rooms and hours as specified in the above table. The rental termination requires 30 days advanced written notice. I am responsible to keep the room clean, turn off the light, cd player, AC after each class. With \_\_\_\_\_ as security deposit, I will pay for any damage resulted from my usage of the space. I will ask family members and friends wait in the front lobby or outside of the building to minimize the interference over the classes. The monthly rent is paid based on the dates and total hours used in the above table before the 1<sup>st</sup> day of each month. The late (after 4<sup>th</sup>) charge is \$35.

**Liability Waiver:** For the acceptance of my rental agreement with International Performing Arts Center, I hereby waive, release, and discharge, Chinese Performing Arts of America, San Jose, and International Performing Arts Center from and against any and all liability for any loss, personal injury, including death, or property damage that may have arisen out of, or in any way connected with, my participation at the aforementioned event, even though that liability may have arisen out of negligence or carelessness on the part of the persons or entities mentioned above and herein released, but do not release the above mentioned persons or entities from their fraudulent or intentional acts or for their negligent violations of statutory law. I am responsible for the liability insurance of my students and other personnel. I have read the above, understand its meaning and voluntarily sign it.

Tenant's name \_\_\_\_\_ Date: \_\_\_\_\_  
#

Print

Signature