



BREATH DYNAMICS EVENT BOOKING AGREEMENT

The following are terms and conditions regarding booking of **Breath Dynamics** for Transformational Breathing Workshops, Group Breath Sessions or Integrative Yoga Classes. The Organization or Individual wishing to host an event is hereafter referred to as "Host". Kindly complete and return this form with deposit check via US Mail to the address below:

1. **Income:** Select one of the following options concerning Event Income. Please check the appropriate box:

Event Income is Split at an agreed upon percentage, between Breath Dynamics and Host -- The ratio being _____% / _____% respectively.

Host accepts a Flat Fee in the amount of \$_____, to cover rental costs of the host's facility. This fee is due to Host upon close of the event.

Host accepts a Donation or Tithe for the generous use of their facilities.

2. **Promotion:** If Host chooses to collect an Income Percentage or Flat Rental Fee for hosting the event, then Host agrees to "Joint Event Promotion". Please specify the Promotional plan to be employed by Host. These will be accepted or declined by Breath Dynamics as adequate for Income option selected above. Failure to comply with the accepted Promotional plan detailed below will mean forfeiture of the Deposit monies (see below) and possible cancellation of the event.

(continue on back if needed)

3. **Risk:** If Host chooses to collect an Income Percentage or Flat Rental fee for hosting the event, then Host agrees to "Joint Assumption of Risk". In order to reserve a Date and Time for an event, Host agrees to post a **Deposit of \$150** and send the check within 7 Business Days to Breath Dynamics at the address below. Failure to receive check will free up the time slot for another Host. Once check is received, the Date and Time are locked in.

Deposit is non-refundable except under the following conditions:

- Severe weather causes cancellation of the event or prohibits Breath Dynamics safe travel to the event.
- Other extraordinary circumstance such as fire at the facility, civil emergency etc.

(Printed Name of Authorized Agent)

(Date)

(Signature of Authorized Agent)

(Company / Organization)

(Signature of Breath Dynamics Agent)

(Date)

Make Check payable to: [Stephen Gooby](#)

Send this Form and Check to:

Breath Dynamics
c/o Stephen Gooby
2337 Jenna's Way
Conyers, GA 30013

Form will be signed by Breath Dynamics and returned. Thank you for your business.

Breath Dynamics
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