SONSTUDIOS

RENTAL AGREEMENT

NAME:	BUSINESS NAME:
ADDRESS:	CITY/STATE/ZIP:
PHONE NUMBER:	EMAIL ADDRESS:
RENTAL DATE:	WEBSITE:
PURPOSE OF STUDIO RENTAL:	

STUDIO RATES

- ☐ HOURLY 2 HR MIN _____ HOURS @ $100/HR
- ☐ HALF DAY 4 HOURS $350
- ☐ FULL DAY 8 HR 30 MIN LOAD-IN/LOAD-OUT $700
- ☐ EQUIPMENT RENTAL SEE RATES
- ☐ VEHICLE ACCESS $150
- ☐ GREEN SCREEN 20' x 30' $150

PAYMENT

- ☐ CLEANING FEE $75
- ☐ SMOKING FEE $300
- ☐ EXCESSIVE TRASH $100

- ☐ CASH
- ☐ CREDIT CARD
- ☐ CHECK #
- ☐ PAYPAL

STUDIO RENTAL $ _____
ADD-ONS $ _____
BALANCE OWED $ _____

SON STUDIOS

USE OF THE STUDIO REQUIRES THE FOLLOWING IN ADVANCE:

A. SIGNED STUDIO RENTAL AGREEMENT
B. PAYMENT OF RENTAL
C. SIGNED LIABILITY WAIVER
D. PHOTOCOPY OF DRIVER'S LICENSE
E. CERTIFICATE OF GENERAL LIABILITY INSURANCE (MAY BE REQUIRED)

IF SON STUDIOS FINDS IT NECESSARY TO REQUIRE GENERAL LIABILITY INSURANCE THE FOLLOWING MINIMUMS WILL APPLY

A. COMMERCIAL GENERAL LIABILITY DEEMED PRIMARY AND NON-CONTRIBUTORY
B. $1,000,000 PER OCCURRENCE AND ANNUAL AGGREGATE
C. MUST NAME ENLIGHTENED IMAGES, INC. AS AN ADDITIONAL INSURED

CANCELLATION POLICY	
LESS THAN 48 HOURS NOTICE	NO REFUND
LESS THAN 1 WEEK NOTICE	50%
MORE THAN 1 WEEK NOTICE	FULL REFUND

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND ACCEPT THE TERMS OF THIS STUDIO RENTAL.

PRINTED NAME _____ DATE _____

SIGNATURE _____