

Heal Well Retreat LLC Booking Confirmation

Dear _____,

Thank you for choosing the Heal Well Retreat. We hope that you have a relaxing stay, and please let us know if there is anything you need to help with a smooth and comfortable recovery.

Your check in date is: _____ (date and time)

Your check out date is: _____ (date and time)

Total Number of nights (3 nights recommended) _____ (at a rate of \$300 first night, \$200 subsequent nights).

Pet Addendum has/ has not been included.

Pick up your keys and welcome packet during business hours:

1. Dr. Folk's office at 4700 Hale Pkwy, Suite 520, Denver CO, 80220 (between 10am and 5 pm)
2. Broadstone of 9th Leasing office (4300 E 9th Ave, Denver CO, 80220)
Saturday and Sunday between noon and 4:30 pm

The property is located at:

845 N. Clermont Street
Building 3, Apt # 138
Denver, CO. 80220

- It is located 2 blocks west and one block south of our office, and one block east and south of Rose Hospital.
- Parking is in the structure located on the south west corner of 8th Ave. and Clermont St. which can be accessed from Clermont (middle of the block between 8th and 9th Ave. on the west side of the street) or from the private drive on the north side of 8th Ave and Birch. Use your parking card to enter and exit the parking garage.
- Your parking space is "Premier Parking Space #001" which is on the first level, 5th space in from the southwest corner of the garage, just past the two oversized parking spaces (which you could use if your vehicle is oversized) Please hang the parking tag from your rear-view mirror when your car is parked.
- Exit the parking garage through the southwest door and take the ramp to the building entrance immediately south and adjacent to the parking garage. Use the blue fob with your key to gain entrance to the building.

The apartment is the first you see to the left once you enter the building, #138.

Heal Well Retreat Short Term Rental Agreement

This Short Term Rental Agreement is made between the Heal Well Retreat LLC (“Homeowner”) and _____ (“Guest”) as of the date last set forth on the signature page of this agreement. For the good and valuable consideration, the sufficiency of which is acknowledged, the parties hereby agree as follows:

3. Property is the Heal Well Retreat, 845 N. Clermont St. Apt #138, Denver CO. 80220. The property is furnished and includes a kitchen appliances and cooking utensils, Keurig coffee maker and coffee, full sized sofa sleeper, automatic Lazy Boy recliner 2 flat screen TVs with Xfinity cable, split king adjustable bed, Dyson fan and humidifier, shower stool, basic medical supplies (thermometer, pulse ox, BP cuff, dressings, basic over the counter medications), shampoo, conditioner, body wash, hair drier, washer and drier, cleaning supplies, detergent, fabric softener, and linens.
4. Rental Party includes _____ and up to 3 guests with maximum occupancy recommended at four people.
5. Terms of the Lease is from _____ at _____ (“check in date and time”) to _____ at _____ (“check out date and time”) at a rate of \$300 for the first night and \$200 for subsequent nights.
6. Deposit can be taken with surgical deposit or when the reservations are made and will be refunded in accordance with the surgical fee rules. The balance can be paid at the time of surgical payment. If the stay is lengthened after signing this agreement the balance can be paid when dropping of the keys and parking cards.
7. Access- Guests shall allow Dr. Folk’s staff or Broadstone on 9th staff access in a reasonable manner for the purposes of inspection or repair.
8. Rental Rules- Guests agree to abide by the Rental Rules attached as Exhibit A which includes rules set forth by Broadstone on 9th at all times while at the property and shall cause all members of the rental party and anyone else the Guest permits on the property to abide by the following rules at all times while at the property.
9. Pet Addendum-which also includes rules set forth by Broadstone on 9th shall be signed and enforced at all times while on the premises.
10. Damages- No security deposit will be taken. We understand there will be normal wear and tear of furnishings during your stay. If items are missing or extensive damages occur all parties agree to reach a reasonable agreement for replacement.

The parties agree to the terms of this agreement as evidenced by the signatures set forth below.

Guest Signature

Print

Date

Exhibit A Rental Rules for Heal Well Retreat LLC

1. Pick up and drop off of keys and welcome packet must be within the time and place designated. If the Guest arrives after business hours there will be a problem retrieving keys. If you anticipate a problem with your arrival or departure contact Dr. Folk's office and 303-321-6608, or after hours emergency calls to 303-521-2482 as soon as possible.
2. Smoking is not allowed in the unit or on the premises.
3. Any people staying at the property with the Guest are the Guest's responsibility.
4. Heal Well Retreat L.L.C. (also referred to as HWR) is not responsible for any accidents, injuries, or illnesses while on the premises or it's facilities.
5. HWR is not responsible for the loss of personal belongings or valuables of the Guest, and by accepting this reservation all Guests are expressly assuming the risk of any harm arising from their use of the premise or others whom they invite to use the premises.
6. Guests agree to keep the property and all furnishings in good order, and return accidentally removed property in a timely fashion.
7. Only use appliances for their intended use.
8. Pets are permitted only with prior approval and completed pet addendum.
9. Guests must use the assigned parking space (Premier Parking Space #001, along the west wall of the first floor, 5th space from the SW corner) and have the parking tag displayed in the vehicle at all times. If additional vehicles are needed the cost for the parking structure is \$7 per 24 hours and only unassigned spaces can be used to prevent towing.
10. There is no daily housekeeping services or medical services included. If you need assistance in these areas contact Dr. Folk's office (303-321-6608) to see if any special arrangements can be made and the cost of additional fee's for such services.

Pet Addendum for Heal Well Retreat LLC

It is hereby agreed between Heal Well Retreat LLC (HWR) and _____ (the Guest) that HWR will have the following pet(s) and no others in Apartment #138 upon and subject to the terms and conditions of Broadstone on 9th and the rental agreement with this addendum.

1. Limit of 2 pets allowed.
2. Pets must be vaccinated, wear ID tags with contact info and license.
3. Pets must be leashed when outdoors and cannot be left unattended on patio.
4. Guests must clean up after their pets, and a \$50 fine may be charged by Broadstone on 9th per witnessed occurrence of failing to do so.
5. Guest shall not permit animal(s) to cause any damage, discomfort, annoyance, nuisance or complaint to any other resident or management staff.
6. Broadstone on 9th has breed restrictions including Malamutes, Boxers, Chows, Dalmatians, Dobermans, German Shepherds, Belgian Malinois, Husky breeds, Pit-Bulls, Presa Canarios, Rottweilers, Staffordshire Terriers, and wolf hybrids. If you have concerns about your dog's breed, we can speak directly with management to confirm if they will be allowed. (I personally disagree with their choices. We can always check to see if there is any wiggle room here.)

First Pet Info:

Name _____
Age _____
Color _____
Breed _____
Gender _____

Second Pet Info:

Name _____
Age _____
Color _____
Breed _____
Gender _____

Guest Signature

Print

Date