

**AGREEMENT FOR TEMPORARY USE OF OFFICE SPACE**  
**Synergistic Wellness Center d/b/a Smiling Sage Wellness, LLC**  
240 North Garden Street, Hot Springs, SD 57747



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## 1. Office Use & Scheduling

Visiting Practitioners may reserve the space when available by providing at least **24 hours'** advance notice.

Reservations can be made by emailing **mrsashleymoore7249@gmail.com** or calling/texting **(386) 214-1792**.

A **\$10 cancellation fee** will apply if the appointment is canceled within 24 hours of the scheduled use.

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## 2. Rental Fees

Fees for use of the office are as follows:

- **\$50 per full day**
- **\$10 per hour, or \$40 for up to 4 consecutive hours**

All payments are due the day of service unless other arrangements are made in writing.

**Note:** Visiting Practitioners are required to maintain active liability insurance.

**Insurance Provider Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

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### 3. Space Cleanliness & Condition

Practitioners are responsible for maintaining a clean and professional environment. This includes:

- Removing trash
- Wiping down any surfaces used
- Returning the room to its original condition

If linens or sheets provided by SSW are used, a **\$5 laundry fee** will be charged.

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### 4. Client Respect & Ethics

The Visiting Practitioner agrees **not to solicit clients or customers of Smiling Sage Wellness**, either directly or indirectly. We maintain a collaborative, supportive, and non-competitive environment for all.

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### 5. Required Documentation

Before beginning any client sessions, Visiting Practitioners must complete and sign the following forms:

- Practitioner Lease Addendum
  - Responsibility & Risk Waiver
  - Smiling Sage Wellness Ethics Agreement
  - Operational Expectations & Guidelines
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## Acknowledgement & Agreement

By signing below, the Visiting Practitioner acknowledges and agrees to all terms outlined above.

**Practitioner Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Hours Used:** \_\_\_\_\_

**Total Fee Due:** \_\_\_\_\_

**Payment Method (Cash/Card):** \_\_\_\_\_

**SSW Staff Initials:** \_\_\_\_\_