



Lease Agreement for Wellness on Wheels (W.O.W)

Please Print & Fill Out

This Lease Agreement is made this (date) _____ by and between:

Pathways to Care Network, an Oregon nonprofit corporation (Lessor), and an Oregon nonprofit organization (Lessee).

1 **Lease:** Lessor hereby leases to Lessee a vehicle described as a mobile care unit, a 31-foot motor home, Wellness on Wheels, upon the terms and conditions set forth below.

2 **Rent:** Lessee shall pay Lessor rent at the per diem rate of \$ 75 (or \$250/ five-day work week rate). The per diem rate shall be based upon such things as estimated maintenance and repair costs, insurance, and ordinary wear and tear. Payments shall be made to Lessor at the address set forth below and shall be paid in advance based on the estimated number of days Lessee will utilize Wellness on Wheels.

3 **Lease Term:** The lease term shall commence on _____ and expire on _____.

4 **Use:** Lessee shall utilize the WOW only in connection with Lessor approved health and wellness activities consistent with the nonprofit purposes of both Lessor and Lessee. No personal use of WOW shall be made by any person, including, without limitation, staff members or volunteers of Lessee. WOW may be operated only by approved drivers and shall not be operated at any time in a manner which is improper or in violation of any local, state or federal ordinance, law or regulations.

5 **Approved Drivers:** PCN shall provide an approved driver. No other drivers will be allowed.

6 **Maintenance and Repairs:** Lessee shall be responsible for the cost of maintenance and repairs necessitated through the negligence of Lessee or its employed or volunteer operators or caused by the operation of the WOW by an individual not approved to the extent the costs of such items are not otherwise covered by insurance covering WOW maintained by Lessor. Lessee shall take all responsible steps to safeguard WOW from theft, vandalism or other property damage while the vehicle is in Lessee's possession and control.

7 **Insurance:** Insurance covering WOW shall be paid for by Lessor, in amounts deemed necessary by the Lessor.

8 **Limitations and Warranties:** There are no warranties, express or implied, by Lessor to Lessee, except as expressly set forth in this Lease Agreement. Lessor shall not be liable for any loss or damage to Lessee, nor to anyone else, of any kind and however caused, whether by the vehicle, its repair or maintenance, or equipment or its failure, or by interruption of service or use of the vehicle.

9 **Construction of Lease Agreement:** This Lease Agreement is for one leasing only, and Lessee does not acquire any right, title or interest in and to WOW other than a right of possession in accordance with terms of this Lease Agreement.

10 **Oregon Law:** This Agreement shall be governed and construed under the laws of the State of Oregon.

Pathways Care Network

By _____

Pathways To Care Network

PO Box 5204

Grants Pass, OR 97527

(541) 479-6393 Phone

Please Do Not Fax This Lease

It must be Mailed to the above address.

Lessee:

By _____

Phone

Fax

**PATHWAYS TO CARE NETWORK
WELLNESS ON WHEELS (WOW)
EVENT INFORMATION**

DATE OF APPLICATION _____

EVENT DATE _____

EVENT _____

EVENT LOCATION _____

WHERE SHOULD WOW BE PARKED AT EVENT LOCATION

SPONSORING ORGANIZATION _____

Address _____

Contact Person _____

Phone number

E-mail address

Responsible Person on Site During Event _____

Cell Phone Number

SERVICES TO BE PROVIDED _____

SERVICES PROVIDED BY _____

This form must be submitted with your Lease Agreement.

Please include Pathways to Care Network in any publicity done regarding this event.

**PATHWAYS TO CARE NETWORK
WELLNESS ON WHEELS (WOW)
EVENT DATA**

Please fill out this form at the end of your event and leave it on the WOW counter near the sink.

DATE: _____

EVENT DATE _____

EVENT _____

DEMOGRAPHICS OF CITIZENS SERVED _____

NUMBER SERVED _____

RECOMMENDATIONS OR SUGGESTIONS _____