**Memorandum of Understanding**   
 **Venue for Forest Therapy Guide Immersion**

This Memorandum of Understanding (MOU) documents the agreement made between (independent contractor company name) with offices in (independent contractor company address) and (immersion venue name) (Venue), located in (immersion venue location) at (immersion venue address). The purpose of the MOU is to provide clarity about dates, costs, services, program, and site. A successful MOU removes all ambiguity about these issues. MOUs may be supplemented by additional contracts, when the venue has its own preferred contract or agreement form. When this is the case, (independent company name) requires that both the contract and the MOU be completed, and that they agree in the details.

**1. Basic Event Information**

1. **Event Type:**

Forest Therapy Guide Immersion

1. **Dates of Event**

Immersion Team: One to three members of staff team will arrive on (trainers arrival date) between (expected arrival times) and depart on (trainers departure date) between (expected departure times).

Participants: A minimum of 10 and maximum of 24 participants will arrive on (participant arrival date) between (expected arrival times) and depart on (participant departure date) between (expected departure times). Some participants may request additional days prior to, or after the event; these arrangements are strictly between the venue and participants. (Can add prices for additional lodging per lodging type if applicable.)

1. **General description of use:**

(Independent contractor company name) conducts immersion events that range from four to five days in duration. These events are experiential and are mostly conducted outdoors, with some indoor sessions. Our ideal venue is located in a natural setting near streams and woodlands; provides a range of lodging and/or camping options for participants; provides options for meals to meet a range of preferences and dietary requirements; and has indoor meeting space to comfortably accommodate 26 people. Training sessions typically run from 8:30 AM to 5:30 PM with occasional evening sessions up to 10 PM.

**2. Contact Information**

1. **Contact for Venue Agreements:**

(Your name, email address and phone number)

1. **Lead Trainers at this Event**  
   (Lead trainers name, email address and phone number)
2. **Venue Contacts:**
   1. Please indicate the name and preferred contact methods for the person authorized by the venue to communicate and enter into agreements with (independent contractor company name).

(Name and email as well as a phone number for urgent or emergency situations)

* 1. Indicate contact/s for participants booking accommodations, dietary preferences and transportation
     + Venue logistics:
     + Venue contact and booking for participants:

1. **Communications and coordination:** Please describe the venue management’s expectations regarding communication and coordination with (independent contractor company name) and with the training team during the event.

Please describe the venue management's expectations of their own level of communication, namely how quickly (independent contractor company name) and participants can expect a response.

1. **Venue Shipping address and contact person:**

Please indicate the address to which (independent contractor company name) should ship training materials. Should packages be sent to someone’s attention? Are there any other details about shipping to your venue that (independent contractor company name) should be aware of?

**3. Venue Accommodations and Amenities**

1. **Transportation:** Please describe transportation options from nearest major airport. Is this any public transportation available? Do taxis, Uber, or similar services exist in the area? Is the venue able to provide a shuttle of some sort?
2. **Lodging for participants:** Please specify number and types of rooms, camping options or accommodation package options, including transportation, lodging, and food charges for per person per day if applicable. Include check-in and check-out times. **In the event that participants are expected to share rooms with others, please ask the participant which gender they prefer for their roommate. Trainers will make all reasonable efforts with the support of the venue to accommodate the participant’s request.**
3. **Lodging for trainers:** We require private rooms for two to three trainers. Please specify number and types of rooms, with per person daily prices, check-in and check-out times.
4. **Meeting room:** Describe available indoor meeting rooms and any AV or other presentation equipment that is present. Are there windows? Can tables and chairs be arranged in various configurations? What restroom accommodations are there associated with the meeting room? What is the cost for the meeting room, if not included. Please list all meeting room related costs here, as well as in the financial summary section.
5. Shelter: Is there a shelter that’s available in case of inclement weather, if the meeting room is not available all day? Please describe.
6. **Business services, telephone and internet:** 
   * Is there access to a printer and photocopier that the training staff can use?
   * Please describe mobile telephone reception and internet access at venue, if any.
   * Is there access to a land-line telephone for guests and training staff if limited mobile service/ internet access.
   * Are there any fees for these services? Please specify here and in the financial section.
7. **Amenities:** Please describe any other amenities that are available. For example, swimming pool, sauna, yoga room, etc.
8. **Policies:** Are there any policies you'd like us to share with trainers and participants?

**4.**  **Meals**

1. Indicate if food is provided on-site, and what dietary options can be accommodated. Provide meal prices and options (e.g. Describe considerations used in purchase and preparation of food (e.g. organic, seasonal, local, grass-fed, free-range, etc).
2. Is the cost of meals included with lodging, or charged separately? If separately, indicate charges for:
   1. Daily three meal plan
   2. -or- separate meal plan
      1. Breakfast
      2. Lunch
      3. Dinner
   3. Snack/Beverage Service
3. If meals are not provided on-site, describe options available, such as nearby cafes or onsite refrigerator and food prep areas if any.
4. Does the venue place any restrictions on food or beverages may be brought in from off-site, by the training team or by participants?
5. Please specify what kind of cooking/kitchen facilities are available to participants.

**5. The Land**

1. **Restrictions:** Is on and off trail use permitted? Is foraging permitted?
2. **Hazards:** Please list any natural hazards in the area, such as bugs, plants, dangerous animals, etc.
3. **Proximity to nearest hospital with emergency room, and anti-venom clinic, if relevant.** Include name and address of hospital.

**6. Financials**: Even if these are included in a contract or agreement form provided by the venue, include them here as well.

1. **Deposit and Cancellation policies**:
2. **Preferred Method of Payment and Information**:
3. **Payment Information**:

**7. Promotion**

1. Trainers will develop a welcome Letter to be sent to registrants one month in advance of the training with all information necessary for trainees to plan their travel and accommodation etc.
2. The venue will provide (independent contractor company name) with adequate pictures of accommodations and/or the land with which to market their training on their website.

**9. Statement of Nondiscrimination:**

(independent contractor company name) asks that venues certify that all staff and program participants be treated with respect and dignity without prejudice regarding gender, race, ethnicity, religion, sexual orientation, nationality, ability/disability, food preferences, or other categorization. All people are humans deserving of equal treatment and dignity.  Please indicate if you agree with this.

Signed (You with your independent contractor company name):

Name:

Title:

Date:

Signed (Venue)

Name:

Title:

Date: