

STUDENT RESIDENCE AGREEMENT

I, _____ the undersigned, hereby accept the offer of a space in the Idlewood Inn (“The Residence”, or “Idlewood”, as the case may be) Residence, and agree to all of the following terms and conditions:

ACADEMIC STATUS: I acknowledge and agree that I must be registered in an academic program at College or University as a Full-Time student to be entitled to accept, or occupy, a space in the Residence. Should I cease to be so registered I agree to give immediate notice to the Residence and understand that I may be required to leave the residence within 7 days.

FEES: I agree that I shall pay all fees for room, board, damage deposit and incidental fees/dues, as and when specified by the Residence and as outlined in the Student Handbook under Fees. Damage Deposit of \$100.00 is added to first invoice, refundable at termination of Agreement. Student Activity Dues of \$10.00 are added to invoice once per semester, summer months excepted. **Room Deposit of \$500.00 is required to reserve a room in advance for each Term in the Agreement and is non-refundable.** All payments must be in Canadian dollars as a certified cheque, bank draft, money order or cash.

TERM: I agree to a term of _____ months (semester), starting _____, 20____ (please specify). I agree that my residence term (“term”) runs between the first day of the term and the last day as indicated on the residence invoice. I must vacate my room on that date no later than 11:00am. Extensions to any term must be arranged, in advance, with the Residence.

PRIVACY: I understand that all personal information submitted to the Residence is confidential and not shared or sold to others. Except when required by law, my information will remain confidential. I agree that my name and room number can be used within the Residence when deemed necessary.

EARLY TERMINATION: In the event of my leaving the Residence, for any reason, prior to the end of term (as defined above), I understand there will be no refund of the semester payment or room deposit. Prepaid damage deposit will be returned if room inspection is approved by the Residence.

MEAL PLAN: I understand that the Meal Plan is optional. I agree that absolutely no cooking is permitted to take place in resident rooms. I understand that I may use the onsite allocated kitchen facilities to cook my own meals, and that I must use my own kitchen utensils and clean up the area of the kitchen once I have finished cooking my meal. I agree to being charged a \$10 clean up fee if I fail to clean up after use.

ROOM: I agree that my acceptance of this offer entitles me merely to the use of the space which is allocated to me by the Residence in its sole discretion, and that Idlewood will retain possession and control of such space during my occupancy. I further agree that the Residence is entitled to establish restrictions on my use of such space. The restrictions on my use of such space shall include:

- a.) Compliance with the regulations established by Idlewood Inn residence, entitled "Idlewood Inn Student Handbook," as amended from time to time.
- b.) Compliance with the orders, notices and directives of the Administration of Idlewood Inn.
- c.) The right of Idlewood Inn to re-allocate rooms.
- d.) The right of authorized staff of Idlewood Inn entry into my room for emergency repair, scheduled housekeeping and bedding change, arranged maintenance and pest control or security reasons.
- e.) The right of Idlewood Inn to levy charges in the event of damage done to my room, its contents, or other Residence property, by myself or my guests;
- f.) The right of the Idlewood Inn to levy charges/fines arising in relation to this agreement or from the violation of the regulations established by Idlewood Inn and contained in the 'Student Handbook.'

HEALTH: I understand that in any congregate living arrangement proper immunization is important. I will check my immunization record with my family physician prior to moving in and ensure that my immunizations are up-to-date. I note that mumps and meningitis have received media attention and have immunization vaccines. I understand that the Residence strongly encourages the yearly influenza vaccine as per government guidelines.

In consideration of the Residence accepting me as a resident, I hereby agree to indemnify and save harmless the Residence, their staff, vendors, agents, directors, their successors and assigns, from and against all losses, liabilities, costs and expenses they may incur or sustain in respect of any demand, claim, action, suit or proceeding that is proposed or commenced against them, relating to any actions of mine in or upon the premises. This indemnity shall be binding upon my heirs, executors, administrators and personal representatives.

I further agree that if I should use recreational amenities or participate in athletic activities at the Residence, that there are certain risks of injury that are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from my own actions or the actions or inactions of others or a combination of both. I hereby warrant that I am physically fit should I choose to participate in such activities and understand that the choice to participate brings with it the assumption of those risks that are a part of athletic or recreational activities. Accordingly, I agree that the Residence and those for whom they are in law responsible shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from my participation in these activities.

I understand and agree that the failure to abide by any of the above terms and conditions is a breach of this Agreement and that in such an event, the Residence may, at its option and with notice, terminate my residency and I agree to vacate the premises within 7 days.

+All students, regardless of age, are encouraged to discuss this agreement with their parent(s) or legal guardian prior to signing.

I have read the terms and conditions contained in this Agreement and agree to each and all of them.

SURNAME GIVEN NAMES

SIGNATURE DATE

+If you are under eighteen (18) years if age, this document must be co-signed by your parent or legal guardian:

In consideration of Idlewood Inn residence agreeing to accept the above-named student as a resident, the undersigned agrees as follows:

- a) I am the parent / legal guardian of the above-named student; and
- b) I will be responsible for and will assume all of the obligations and liabilities of the above-named student in relation to the foregoing Agreement.

SURNAME OF RESIDENT GIVEN NAME OF RESIDENT

SURNAME OF PARENT/LEGAL GUARDIAN GIVEN NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE(S) DATE

Please sign and return to:

Idlewood Inn, Attn: Student Housing
4212 Kingston Road
Toronto, ON, M1E 2M6, Canada

* Important Note to Parents / Guardians: Please be advised that Idlewood Inn regards its residents as adults and respects their right to privacy. For this reason, the Residence will only contact parents in case of medical emergency or another matter necessitating their involvement.