



Ravenna Area Chamber Business

LaunchPad Program Agreement

Participant Name: _____

Business Name: _____

Phone Number: _____ Email: _____

Program Overview

The Ravenna Chamber Business LaunchPad is a four to six-month program designed to provide entrepreneurs and small business owners access to mentorship, resources, and workspace at the Ravenna Chamber of Commerce office.

Program Duration: _____ (maximum six months)

Office Location: Ravenna Chamber of Commerce, 135 East Main Street Ravenna Ohio 44266

Program Goals

- Initials: ____ Support the development and growth of my business concept.
- Initials: ____ Receive guidance on operations, marketing, and finances.
- Initials: ____ Prepare to secure a storefront in Ravenna.
- Initials: ____ Engage with the local business community.

Office Hours & Access

Scheduled Days: _____

Scheduled Times: _____

- Initials: ____ I understand access outside scheduled hours is not permitted without prior approval.
- Initials: ____ I agree to notify the program coordinator by text before any approved off-hour access.

Insurance Requirement

- Initials: ____ I agree to maintain valid business liability insurance during the program.
- Initials: ____ I will provide proof of insurance prior to office access.

Participant Responsibilities

- Initials: ____ I will respect the Chamber office, staff, and other participants.



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Initials: _____ I will use office resources responsibly and for program-related purposes only.

Initials: _____ I will actively work toward program goals, including preparing for a storefront in Ravenna.

Termination

The Ravenna Chamber of Commerce reserves the right to terminate this agreement and revoke office access at any time for failure to comply with program rules, lack of participation, or conduct deemed inappropriate. Participants may voluntarily withdraw from the program with written notice.

Initials: _____ I understand and agree to the termination terms.

Governing Law

This agreement shall be governed by and construed in accordance with the laws of the State of Ohio.

Initials: _____ I acknowledge and agree to the governing law provision.

Acknowledgment & Signatures

By signing below, I acknowledge that I have read, understand, and agree to the terms of the Ravenna Chamber Business LaunchPad Program Agreement.

Participant Signature: _____ Date: _____

Program Coordinator Signature: _____ Date: _____