

LIBERTY PUBLIC LIBRARY

**ROOM USE APPLICATION
AND TERMS OF USE**

Instructions: *Please fill this out so the library can evaluate if you may use the room at the date/time requested.*

Please review this document, and the appropriate "Indemnification and Hold Harmless" carefully, as they set forth the conditions you and your organization (if applicable) are agreeing to if you use the space.

Note: *When over 10 attendees are expected, proof of adequate general liability insurance must be submitted for this application to be considered complete.*

The Library will endeavor to evaluate your completed application within 5 days.

APPLICATION

Name of Individual or Organization ("Applicant"): _____

If Organization, Authorized Signer (please print; must also sign below): _____

If Individual, list your RCLS library barcode # _____

Address: _____

Telephone: _____ Email: _____

Date Needed: _____ Time Needed: _____

Expected Number of Participants (approx.): _____

Indicate type of Room Requested Small Study Room Larger Program Room

Purpose of the Event: _____

Equipment /Seating Configuration requested: _____

**SEE "TERMS OF USE" AND
"INDEMNIFICATION AND HOLD HARMLESS AGREEMENT"**

TERMS OF USE

1. I am either the individual applying to use the space, or a duly authorized representative of the organization applying to use the space, and I am at least eighteen (18) years of age.

2. I understand that if the application is granted, these "Terms of Use" and the "Indemnification and Hold Harmless Agreement" will apply before, during, and after the use.

3. By checking the below items, I represent and agree:

- I have read the Library Meeting Room Use Policy and will ensure event attendees comply with the rules.
- I have read the Library Behavior Policy and will ensure event attendees comply with the rules.
- No Food or beverages will be brought into the study room without prior approval.
- We will leave the facilities exactly as we found them in accordance with policy guidelines.
- I understand that no admission may be charged, and no products or services may be advertised, solicited, or sold.
- I will notify the Library of cancellation at least 24 hours in advance of the scheduled event.
- I agree that our organization will be held financially responsible for any damages and or theft of Library property incurred by our use of the program room or study room.
- I understand that failure to comply with the Library's policies may result in loss of privileges for future use of these meeting facilities.

4. I acknowledge and understand that the Library reserves the right to revoke and cancel permission granted, and that flexibility is partly why no fee is charged for use.

5. I acknowledge and understand that the Library and/or the Library Board of Trustees are not responsible for cancellation, under any circumstances.

6. I acknowledge and understand that the separate "Indemnification and Hold Harmless Agreement" signed and submitted with this Application will govern any claims of injury or wrongdoing related to my/my organization's use of the room.

Name (Please Print): _____ Date: _____

Signature: _____

LIBERTY PUBLIC LIBRARY
ROOM USE
(ORGANIZATION)

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

I, _____ (print name), am authorized on behalf of _____ ("Organization") to enter into this Hold Harmless and Indemnification Agreement with the Liberty Public Library located at 189 North Main Street, Liberty NY, Sullivan County, NY.

To the extent allowed by law, Organization hereby agrees to and shall hold harmless and indemnify the Liberty Public Library, its trustees, officers, employees, and volunteers from any liability, claims and costs whatsoever, including reasonable attorneys' fees, with respect to claims and losses arising from the Organization's use of the meeting room, and agree that the Organization shall not bring any claim or commence any action against the Liberty Public Library in relation to that use.

If, in fact, I am not authorized to enter into this Agreement, I shall personally save, hold harmless, and indemnify the Liberty Public Library in accordance with the terms above.

Name (Please Print): _____ Date: _____

Signature: _____

Organization: _____

Witnessed By (*Library Staff*): _____ Date: _____

LIBERTY PUBLIC LIBRARY
ROOM USE
(INDIVIDUAL)

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

I, _____ (print name), residing at
_____, enter into this Hold Harmless and
Indemnification Agreement with the Liberty Public Library located at 189 North
Main Street, Liberty NY, Sullivan County, NY.

To the extent allowed by law, I hereby agree to and shall hold harmless and
indemnify Liberty Public Library, its trustees, officers, employees, and volunteers
from any liability, claims and costs whatsoever, including reasonable attorneys'
fees, with respect to claims and losses arising from my use of the meeting room,
and agree I shall not bring any claim or commence any action against the Liberty
Public Library in relation to that use.

Name (Please Print): _____ Date: _____

Signature: _____

Witnessed By (*Library Staff*): _____ Date: _____