

## Loudonville Public Library Meeting Room Request and Agreement

STAFF USE ONLY	
Date Received:	
Received By:	
Date Confirmed:	
Room(s) Assigned:	
<b>SCAN</b>	

The Loudonville Public Library will make every reasonable effort to accommodate requests for meeting rooms. This includes reviewing room requests and confirming dates in a timely manner. If you are not notified of room availability within 5 business days of submitting your request to a library staff member, please call (419) 994-5531.

**Date of Event** \_\_\_\_\_

(Please submit request at least 24 hours in advance of event date)

**Event Time** \_\_\_\_\_ (ex. 9:30 am – 1:30 pm)

(Please include ALL time necessary for set up and clean up of event)

Rooms are available during the following times:

Monday - Thursday 9:00 am – 6:30 pm, Friday - Saturday 10:00 am – 4:30 pm

**Organization name/event:** \_\_\_\_\_

**Name of applicant:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Specific purpose of meeting/event:**

**Equipment needed for meeting/event (circle desired equipment):**

- Easel
- Podium
- DVD player
- Microphone (handheld & lapel)
- Dry erase board
- Coffee makers
- Chairs (75 per room) desired quantity: \_\_\_\_\_
- 6' long tables (12 per room) desired quantity: \_\_\_\_\_

**Number of people expected:** \_\_\_\_\_

**Will you be using the kitchen?** \_\_\_\_ Yes \_\_\_\_ No

**Meeting room fees (excludes not-for-profit organizations)**

Room(s) \_\_\_\_\_ \$50    Kitchen \_\_\_\_\_    Total fee \_\_\_\_\_    Date received \_\_\_\_\_

Fees received by \_\_\_\_\_

**Please read and sign on back of form.**

*Please read carefully: By signing this agreement, I consent to returning Library facilities to a clean and orderly condition at the end of the meeting/event, including appropriate removal of trash. I understand that I am responsible for the organization/event listed on this meeting room agreement form. Prior to signing this agreement, I have read and fully understand the attached "meeting room use" guidelines. I understand that my signature on this form indicates financial responsibility associated with the cost of repair or replacement of any Library facilities, furnishings, or equipment damage caused by the attendees at the organization/event as described on this form.*

*To the fullest extent permitted by law, \_\_\_\_\_  
(name of individual or group using the meeting room(s)) agrees to defend, pay in behalf of, hold harmless and indemnify the Loudonville Public Library against any and all claims, demands, suits, losses, including all costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the Loudonville Public Library its elected and appointed officials, employees, volunteers or all others working in behalf of the Loudonville Public Library, by reason of personal injury, including bodily injury and death; and/or property damage, including loss of use thereof, which arises out of the alleged negligence of the Loudonville Public Library and/or in any way connected or associated with this agreement.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The Board of Trustees of the Loudonville Public Library reserves the right to limit meeting room use. Request for the meeting room does not automatically assure its availability and/or use. This form is subject to change and revision without notice.