ONE TIME REQUEST FOR USE OF MEETING ROOM(S) *Community Conference Plaza*

Name and Purpose of USERS:

_____

Purpose of Meeting: _____

Approximate Number to Attend: _____

Requested Date of Use: _____ Hours of Use: From_____ To_____
(add 15 min set-up/take down)

As the authorized representative for the above-named USERS, I have read the DISTRICT'S policy governing use of the meeting room and agree, on behalf of the USERS, that for and in consideration of the use of the meeting room(s) and library facilities, that the above-named USERS shall indemnify and hold the DISTRICT harmless from any and all actions, suits, causes of or relating to, its use of such room(s) and facilities. Further, the above-named USERS agrees to indemnify the DISTRICT for any and all costs for repair and of any and all damages or loss as may be caused directly or indirectly to the room(s) and/or facilities by such use thereof. *I understand that the premises must be left in a clean and orderly condition.*

I acknowledge that any USERS must be pre-approved prior to using any library spaces for events or meetings and approval is at the discretion of the Branch Manager or their designee. I will NOT assume I have booked a room until it has been confirmed.

I will inform the above-named USERS and all attendees of the basic rules of the Garfield County Public Library District for the use of the DISTRICT'S meeting room(s) and will assume responsibility for any damage that might occur.

I further affirm that I have not misrepresented to DISTRICT officials either the purpose of the above-named USERS or its reason for wishing to use the library's meeting room(s).

RESPONSIBLE PARTY SIGNATURE (AND TITLE, IF APPLICABLE) DATE

NAME (PLEASE PRINT) AND TELEPHONE

MAILING ADDRESS AND EMAIL

Approved by the Library Board of Trustees on November 7, 2013

GARFIELD COUNTY
LIBRARIES

For-Profit or Private Use requested?	Yes (hourly rate applies)	No (Free)
Consumption of food requested?	Yes ($25 per day FOOD FEE applies)	No (Free)

The RESPONSIBLE PARTY agrees to the following (**please initial**):

I agree to pay a $25 cleaning fee should the meeting room not be left in the condition I found it. ____

I understand that I am responsible for set up and take down of the room. ____

I will ensure that the building is securely locked and empty when leaving from an after-hours event. ____

I agree to come in at the library's convenience for training on AV or after-hours meeting room use. ____

I understand that private or for-profit use requires an hourly fee paid in advance of the event. ____

I understand that AV equipment use may require the download of software to a laptop. ____

I understand cancellations must be made 24 hours in advance to receive a refund. ____

Staff Use Only:
Date and Time Request Received _____Branch_____
Room fee paid_____ Yes No N/A
Food fee paid_____
Proof of event Insurance Yes No Library Named Yes No
Is alcohol to be served? Yes No
If Yes, Name of licensed Bartender_____ Caterer_____
Total fees_____
Approved ____ Denied ____ Reason _____
Appealed _____
Room refund cancellation request submitted to Administration _____
Other:

Approved by the Library Board of Trustees on November 7, 2013

GARFIELD COUNTY LIBRARIES