

REQUEST FOR ONE TIME USE OF MEETING ROOM(S)

Community Conference Plaza Classroom

Name or Group of USERS: _____

Purpose of Meeting: _____

Approximate Number to Attend: _____

Requested Date of Use _____ Hours of Use: From _____ To _____
(Include time needed for set-up/take down)

Consumption of food or drink requested? Yes (\$25 per day FOOD FEE applies) No (Free)

The purpose of this meeting is for a _____Not-for-profit event _____For Profit event

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 DATE

NAME (PLEASE PRINT) TELEPHONE

MAILING ADDRESS

EMAIL ADDRESS



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

___ I understand it is my responsibility to leave room in good condition or pay applicable \$25 cleaning fee.

___ I agree to pay the Rates per Day and to pay in advance of the event.

___ 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 understand that external library doors cannot be propped open when using the space after-hours.

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

___ I understand that the district does not guarantee the functionality of audio or visual equipment.

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

___ I understand that if I am not present for the event I will delegate the above responsibilities.