

BOONE COUNTY PUBLIC LIBRARY MEETING ROOM APPLICATION

Today's Date: _____ Date Requesting: _____ Time Requested: _____

Company/Organization _____

Purpose of Meeting: _____

Estimated Attendance _____ # of Tables (2-4 per table) _____ # of Chairs _____

Furniture/Equipment Needs: (please circle)

Easel

Microphone

VCR/DVD

Whiteboard

LCD Projector

Laptop Computer

Type of food being served: (please circle)

None

Bagels/Donuts

Boxed Lunch

Catered

In consideration for use of the meeting room, the above mentioned company/organization agrees that:

1. It will pay for all damages to any property of the Boone County Public Library District resulting directly or indirectly from the conduct of any member, officer, employee, agent or invitee of the group.
2. It will hold harmless and indemnify the Boone County Public Library District, its Board of Trustees, and staff from and against any and all liability which may be imposed upon them for any injury to persons or property caused by that organization or any person in connection with that organization's meeting.
3. The Boone County Public Library District, its Board of Trustees and staff, collectively and individually, are hereby released and discharged from any and all liability for any loss, injury, or damage to persons or property which may be sustained by reason of a meeting.
4. No alcoholic beverages or tobacco products will be served, used or consumed on library premises.
5. No material will be attached to walls, ceilings, doors or windows of the meeting room. No signs or other materials will be posted on library property.
6. There will be no charges, fees or solicitations of meeting attendees.
7. Facilities will be left in a clean and orderly condition.
8. Food and beverages will not be served unless prior arrangements have been made.
9. You're required to set-up and tear down; the library does not provide this service.
10. You must use our equipment; therefore all presentations must be saved on a flash drive or CD.

Contact Person _____
(Signature) (Printed Name)

Mailing Address _____

Phone (Home) _____ Cell _____ Work _____

E-mail _____

For staff use only:

Confirmed by: _____ Date: _____ Notified by: e-mail e-mail with letter phone

Notes: _____ Calabunga Input: _____

Revised: 10.23.2008 k.utz