

HURON COUNTY COMMUNITY LIBRARY

WITH BRANCHES IN WILLARD, GREENWICH, NORTH FAIRFIELD, AND WAKEMAN

APPLICATION AND AGREEMENT FOR USE OF A LIBRARY MEETING ROOM

Use blue or black ink to complete – Please print.

Group _____

Detailed Description of Meeting

Individual Responsible _____

Address / City _____

Phone # _____ Cell # _____

Date of Meeting _____ Time _____ to _____

Attendance Expected _____

Refreshments will be Served YES NO

Before / After Hours YES NO

Location of Room Requested Greenwich Wakeman

Willard Annex Willard Community Room

I have read this “Application and Agreement” and acknowledge receipt of the “Meeting Room Policy.” **I have read the “Policy” and I understand and agree to abide by said “Policy.”**

I further understand and agree that I must remain in attendance at the meeting scheduled pursuant to this “Application and Agreement” and that I will be held personally responsible for the payment of any damages caused to Library property or equipment, or for excess cleanup expenses incurred by the Library as a result of our group or organization’s use of Library facilities or equipment.

I personally, and on behalf of the group I represent, agree to hold the Huron County Community Library, its staff, and its Board of Trustees, harmless for any damages or injuries to persons or property caused by my group or organization’s use of Library facilities authorized by this “Application and Agreement.”

Signature of Individual Responsible / Date

Library Representative / Date

(A copy of the forgoing Disclaimer must be included in any advertising disseminated by the person or group using a Library Meeting Room.)