

**Glen Rock Public Library 2017  
Meeting Room Use Agreement**

1. I have read and agree to all stipulations as set forth in the Meeting Room Use Policy and Guidelines.
2. I agree to be financially responsible for all damages incurred.
3. If a fee is charged, I agree to pay it on or before the date of the event.

Name of Organization \_\_\_\_\_  
Representative \_\_\_\_\_  
Address of the Organization and/or the Representative  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Title/Purpose of Meeting \_\_\_\_\_  
Meeting date(s) \_\_\_\_\_  
Meeting time (start and ending) \_\_\_\_\_  
Expected Attendance \_\_\_\_\_

**ROOM REQUESTED:**

Quiet Room 1 \_\_\_\_\_ (capacity 13)  
Quiet Room 2 \_\_\_\_\_ (capacity 9)  
Multi-Purpose Room (downstairs) \_\_\_\_\_ (capacity 51)

I agree to the requirements set forth in this form and the Meeting Room Use Policy.

Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Approved by Director \_\_\_\_\_ Date \_\_\_\_\_  
(or Department Head)

Received Meeting Room Policy (please check one) Y \_\_\_\_\_ N \_\_\_\_\_

Completed Hold Harmless Agreement (check one) Y \_\_\_\_\_ N \_\_\_\_\_

**GLEN ROCK LIBRARY  
HOLD HARMLESS AGREEMENT 2016**

RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT  
(Organization name) \_\_\_\_\_ agrees to release, hold harmless (user of City building or facilities (the "Premises")) and indemnify the Borough of Glen Rock, Glen Rock Public Library and its officers, officials, employees, agents and volunteers, from and against all claims, damages, losses and expenses, including, but not limited to, attorneys' fees, arising out of or resulting from the (i) the conduct or use of the Premises by the undersigned or the undersigned's organization or group, (ii) any act, omission, or negligence of the undersigned or the undersigned's organization or group, or the partners, directors, officers, agents, employees and other users and invitees of the undersigned or the undersigned's organization or group, and (iii) any accident, injury or damage whatsoever occurring in or at the Premises while the undersigned or the undersigned's organization or group is using the facilities.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name of Contact (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_