



**HARRIS COUNTY PUBLIC LIBRARY**

**Application for Use of the Meeting Room**

Branch Library  Today's Date \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Web Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Representative Making the Request: \_\_\_\_\_

Position in the Organization: \_\_\_\_\_

Purpose of the Meeting: \_\_\_\_\_

To give all organizations an opportunity to use the meeting rooms, groups may not reserve space on a regular basis for more than 90 days.

Date and Time of Meeting: \_\_\_\_\_ Requested Room: \_\_\_\_\_

Day(s): \_\_\_\_\_ Hours: \_\_\_\_\_ to: \_\_\_\_\_

Approx. Group Size: \_\_\_\_\_ # of Chairs Requested: \_\_\_\_\_ # of Tables Requested: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

Check if you wish the librarian to approve the serving of light refreshments. (Alcohol is prohibited)

**AGREEMENT**

It is expressly understood that the Library has adopted certain rules applicable to the use of the Library meeting rooms, a copy of such rules being attached hereto as Exhibit A, Meeting Room Policy. The undersigned has read and understands the terms of such Policy and agrees, individually and as a representative of the group as a whole requesting use of such facility, to comply with the terms therein and said individual and group as a whole shall be liable for any noncompliance thereof, to include, but not limited to, any and all damage that may occur or fees or costs that may be incurred as a result of the use of the Library facilities. Said Policy shall be binding upon such individuals and the group as a whole with the same force and effect as if written in and made a part of this Agreement. Further, the undersigned individual and the group as a whole requesting use of the Library facilities agree to indemnify and hold the county and colleges harmless from and against any and all losses, expenses, demands, and claims made against the County and colleges arising in any manner from such group's use of the Library facilities, whether such loss, expense, demand, or claim made against the County or colleges is caused by County's or college's negligence or not.

Group Name: \_\_\_\_\_

Signature

Printed Name: \_\_\_\_\_

**For Office Use Only**

Received by (library staff member): \_\_\_\_\_ Refreshments:  Yes  No

Librarian's Comments:  Room Assigned: \_\_\_\_\_

Approval by County Library Director or Deputy Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature