



HIGHWOOD PUBLIC LIBRARY MEETING ROOM APPLICATION

Date of Application _____

Name of Organization _____

Contact Person or Person Responsible _____ Phone # _____

E-mail Address _____ Cell Phone # _____

Brief description of Program _____

Date of Program _____ Program will begin at _____ Program will end at _____

Size of Group expected: # Adults _____ # Children _____ # of Tables _____ # of Chairs Requested _____

Note: there will be a coverage fee of \$45 per hour if meeting room will be used prior to or after library hours.

The undersigned has received and read the Meeting Room Policy and the Food and Beverage Policy.
The undersigned accepts responsibility for compliance with these policies.

Financial Responsibility, Waiver of Negligence and Indemnifications

Any person, group or organization sponsoring use of the Meeting Room must assume financial liability for any damage incurred during its use.

The Highwood Public Library, its employees and Trustees, assume no responsibility whatever for personal injury or damage to personal property in connection with a program; and the organization agrees that the Highwood Library is expressly released and discharged from any and all liability for negligence or tort causing any loss, injury or damage to persons or property which may be sustained during or by reason of a program held on the Library's premises; and the person, group or organization agrees to indemnify the Highwood Public Library and hold it harmless against all loss, including attorney's fees. *A memorandum of understanding (MOU) will be established to include responsibilities and expectations for room usage.*

Signature: _____ Date: _____

Library Director Signature: _____ Date: _____

Please contact the Library Director at director@highwoodlibrary.org with any questions or concerns.

All applications to use the Meeting Room are subject to approval by the Library Director.