

# Hamilton Township Free Public Library

## Meeting Room Application

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

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date(s)/Time Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate Attendance: \_\_\_\_\_

Please list a brief description of how you need the room set up (chairs, tables, projector screen, etc.). If necessary, please attach a diagram so we can have the room set up for your needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of the use of the Meeting Room, each organization agrees it will pay for all damage to any property of the Township of Hamilton resulting directly or indirectly from the conduct of any member, officer, employee or agent of the organization, or anyone in attendance.

It is understood the Township of Hamilton and the Board of Trustees of the Hamilton Township Public Library assume no responsibility whatever for any property placed in the Library in connection with a meeting; and that the Township of Hamilton and the Board of Trustees of the Hamilton Township Library are hereby expressly 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.

We have read and agree to abide by the above statements and the regulations of the Library governing use of the Meeting Room.

Organization: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Officer)

Meeting room use approved by the Library: \_\_\_\_\_ Date: \_\_\_\_\_

Refreshments Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

**AGREEMENT**

THIS AGREEMENT, made and entered into, \_\_\_/\_\_\_/2014\_\_ between \_\_\_\_\_

AND THE HAMILTON FREE PUBLIC LIBRARY, a municipal corporation of the State of New Jersey, with principal offices located at 1 Justice Samuel Alito Way, Hamilton, NJ 08619.

WITNESSETH, THAT:

WHEREAS \_\_\_\_\_ made an application for the use of Room \_\_\_\_\_ for conducting a meeting,

WHEREAS, Meeting Room \_\_\_ is property owned by the Hamilton Free Public Library Board of Trustees, and

WHEREAS \_\_\_\_\_ acknowledges receipt of the Library’s Meeting Room Policy, has read said rules and agrees to abide by, and be bound by, said rules at all times while using Meeting Room \_\_\_\_\_

NOW, THEREFORE \_\_\_\_\_ in consideration of the grant of permission for use of Meeting Room \_\_\_\_\_ by the Hamilton Free Public Library, does hereby agree to indemnify and save harmless the Hamilton Free Public Library, its employees, officials, and representatives from and against any and all loss, cost (including attorney’s fees), damages, expenses and liability in connection with claims for damages, expenses and liability as a result of injury or death of any person attending \_\_\_\_\_ meeting, or damage to any property sustained by any and all persons which arise from or in any manner results from any act or neglect on or about \_\_\_\_\_ by its members, agents, representatives, invitees, or representatives.

WITNESS:

\_\_\_\_\_

President / Club Administrator / Individual

WITNESS:

\_\_\_\_\_

Suzanne Martinez

\_\_\_\_\_

Date

Administrative Clerk

Hamilton Free Public Library