

## Meeting Room Request Form

Contact person's name: \_\_\_\_\_

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

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date requested: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

Purpose: \_\_\_\_\_ Expected attendance: \_\_\_\_\_

Applicant agrees to abide by all regulations of the Kimberly-Little Chute Public Library regarding the use of facilities and accepts responsibility for any damage caused to the building or its equipment, other than normal wear.

Applicant shall indemnify and hold harmless the Library Board, Villages of Kimberly and Little Chute, their agents, officers, employees, and volunteers from any and all damage, or loss, or liability of any kind whatsoever occasioned upon and/or within the library premises, or ways or walks adjacent thereto, by reason of any bodily injury to, or death of, any person, or by reason of any injury to property of third persons occasioned by any act of omission, neglect, or wrong doing of the Applicant or any of his/her, and/or its officers, agents, representatives, assigns, guests, employees, invitees, or other persons admitted by the Applicant to the premises, and the Applicant will, by his/her, and/or its own cost and expense, defend and protect the Library Board, Villages of Kimberly and Little Chute, their agents, officers, employees and volunteers against any and all such claims or demands.

The Library Board, Villages of Kimberly and Little Chute, their agents, officers, employees, and volunteers are not responsible for loss of or damage to individual property while using the meeting room.

I have read the Kimberly-Little Chute Public Library Meeting Room Policy and the above terms and agree to comply. (Please initial) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_