

Meeting Room Reservation Form

Today's Date: _____

Contact Name: _____

Organization Name: _____

Phone Number: _____

Address: _____

Email: _____

Date(s) of Meeting(s): _____

Start and End Times of Meeting(s) (including setup and cleanup time):

Needs: _____ screen _____ laptop _____ kitchenette

The fee for the use of the meeting rooms is \$20 per hour. This fee is waived for government agencies and 501(c)3 non-profit organizations. There is an additional \$20 per hour fee to cover staffing costs for afterhours meetings. This fee will not be waived.

Reservations are not official until any fees have been paid.

In signing below, I agree that I have received a copy of the Meeting Room Policy, Use Agreement, and Checklist, have read same and agree to abide by same. User agrees to and does hereby indemnify Library and Somerset County and save it harmless from and against any and all claims, actions, damages, liability and expenses, including reasonable attorney's and other professional fees, in connection with loss of life, personal injury and/or damage to property arising from or out of the occupancy or use by User of the Premises or any part thereof or any other part of the Building, occasioned wholly or in part by any act or omission of User, its guests, invitees, subcontractors, officers, agents, contractors or employees.

User hereby assumes all risk of damage to the property or injury to any persons in or about the Premises from any cause other than an affirmative act of gross negligence by Library. Library and Somerset County shall not be responsible or liable to User, its guests, invitees, subcontractors, officers, agents, servants and employees, and to any other occupant of any part of the Premises for any injury or damage resulting from acts or omissions of the User or others as described hereinabove.

If an organization, I certify that I have authorization from the organization to act on its behalf.

Event Contact Signature: _____ Date: _____

Staff Signature: _____ Date: _____

 \$ **Payment received.**

 Meeting Room Policy, Checklist, and copy of Reservation Form given to contact.

Meeting Room COVID Compliance Form

On behalf of _____, I knowingly and willingly consent to use the facilities and equipment at the Somerset County Library during the precautionary period for the COVID-19 pandemic. I understand the COVID-19 virus has a long incubation period in which carriers of the virus may not show symptoms, still be highly contagious, and spread the virus on furniture, keyboards, screens, and other surfaces in the library. Given the current limits on virus testing and the possible refusal of some who are carriers to be tested, it is impossible to tell who might or not might be a carrier, bringing the virus into the library.

I understand that due to the frequency of customer visits and the characteristics of the virus, and even through the library is quarantining materials and cleaning surfaces when possible, meeting participants have some risk of contracting the virus by being in the library and using library equipment.

NAME (printed): _____

SIGNATURE: _____ **DATE** _____

On behalf of _____, I promise to insure that the organization and all participants in this meeting abide by all guidelines set forth by the State of Maryland, Somerset County, and the Somerset County Library for use of the meeting room, including:

- Any state or local mask requirements in place at the time of the meeting;
- Any state or local social distancing requirements in place at the time of the meeting;
- Any state or local capacity limits in place at the time of the meeting;
- Any library guidelines on cleaning and sanitizing the room following the meeting;
- Any library guidelines requiring meeting participants to sign a similar agreement.

NAME (printed): _____

SIGNATURE: _____ **DATE** _____