

# 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 \$25 per hour. This fee is waived for government agencies and 501(c)3 non-profit organizations. There is an additional \$25 per hour fee to cover staffing costs for afterhours meetings. This fee will not be waived.

Any damage to furnishings, equipment or the facility will be charged at replacement or repair cost to any group damaging the room. Groups who fail to clean the room in accordance with library guidelines will be charged a \$100 cleaning fee.

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.