

**Case Memorial Library
176 Tyler City Rd.
Orange, CT 06477**

Phone (203) 891-2170; Fax (203) 891-2190
Email: kmarchand@casememorallibrary.org

ROOM USE APPLICATION *(Please print)*

Date: _____ Name of Organization: _____

Check Type: _____ Non-profit _____ For-profit *(See fee schedule)*

Name of Applicant: _____ Phone: _____ *(Representative)*

Notify of availability: *(Check One)* Applicant _____ Organization _____

When do you wish to meet: Occasionally _____ On a regular basis _____

Which room _____ What date(s) _____ What time(s) _____

(NOTE: Not-for-profit applications expire every six [6] months; for-profit applications expire in one month.)

Number of people attending _____

Organizations wishing to use the library's Meeting Room LCD projector or other audiovisual equipment **must** contact the Head of Technical Services at least two (2) weeks in advance of their meeting to arrange for instruction in the use of the equipment. Organizations using DVDs must secure all necessary performance rights or indemnify the Library for any failure on their part to do so.

Agreement

I have been given and have read a copy of the Case Memorial Library Room Use Policy and the attached Hold Harmless & Indemnification Agreement. I understand that my signature to this Application and the Hold Harmless & Indemnification Agreement binds my organization to abide by the terms and conditions specified therein, including, but not limited to:

(Please initial)

- _____ 1. No admission charge to any meeting; no alcoholic beverages
- _____ 2. No sales on library premises except at library-sponsored functions
- _____ 3. No change of room setup without prior notification of the Room Reservation Coordinator

Signature of authorized representative _____ Date _____

(Library use only) Received by _____ Date _____

For-profit fee collected: Amount _____ *(Checks payable to the Case Memorial Library)*

Approved _____ Disapproved _____ Date _____

Room assignment _____ Notified above on _____ Staff initials _____

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

I/We hereby agree to, at all times, indemnify and hold harmless the Town of Orange, its agents, employees and Public officials from and against all damages, judgments, legal fees, expenses and claims which the Town of Orange, its agents, employees and officials may suffer because of the use of rooms and facilities at the Case Memorial Library by the organization named herein, except when injury or damage directly results from negligence solely of the aforementioned Town of Orange, its agents, employees or officials. The existence of insurance shall in no way limit the scope of this indemnification.

I/We have read and understand the Room Use Policy established by the Case Memorial Library Commission for the use of the meeting rooms at the Case Memorial Library, and agree to comply with its rules and regulations.

I/We further agree to be responsible for the payment of the fees as shown and any and all additional costs or fees incurred by us in complying with the aforementioned rules and regulations.

I/We have been given a copy of the Case Memorial Library Room Use Policy and the Hold Harmless & Indemnification Agreement.

Date _____ Applicant's Signature _____

Name of Organization _____

Retain a copy for your files and return the original signed copy to:

Kelly Marchand, Room Reservation Coordinator
Case Memorial Library
176 Tyler City Rd.
Orange, CT 06477
Phone (203) 891-2170; Fax (203) 891-2190
E-mail: kmarchand@casememoriallibrary.org

Received _____