

Case Memorial Library
176 Tyler City Rd., Orange, CT 06477
Phone: 203-891-2170
Fax: 203-891-2190
E-mail: rooms@casememoriallibrary.org

ROOM USE APPLICATION

Date of Application: _____

Name of Organization: _____

Type of Organization (check one):

Non-profit [Attach proof of nonprofit status]

For-profit [See fee schedule]

Name of Applicant: _____

Title: _____

Phone Number: _____

Email Address: _____

Non-profit applications expire every six months; for-profit applications must be submitted for each use.

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
- _____ 2. All meetings must be open to the public
- _____ 3. No alcoholic beverages
- _____ 4. No sales on library premises except at library-sponsored functions
- _____ 5. Meetings may not interfere with or disturb regular library use
- _____ 6. Gambling in any form, including the sale of raffle tickets, is prohibited

Signature of Authorized Representative: _____

Date: _____

LIBRARY USE ONLY

Date Application Received:

Received By:

Application Approved

Application Denied

Non-Profit: Status Verified:

For Profit: Fee: \$

Date Collected:

Collected By:

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

Please initial.

_____ 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 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: _____

Name of Organization: _____

Applicant's Signature: _____

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

Room Reservation Coordinator
Case Memorial Library
176 Tyler City Rd., Orange, CT 06477
Phone: 203-891-2170
Fax: 203-891-2190
E-mail: rooms@casememorallibrary.org

LIBRARY USE ONLY

Date Received: _____

Staff Initials: _____