

Dear Meeting Room Applicant:

Welcome to the Library! We look forward to serving you and hope that we will be able to provide space for your public meeting.

Library staff will complete your room reservation upon receipt of:

- Application for Use of Meeting Room
- Indemnification and Holds Harmless form (Please make sure that the Witness line is signed)
- Meeting Room Checklist
- *Certificate of Insurance* (if required)

Please feel free to contact the Service Desk at the Southeast Library if you need any assistance. Our friendly Adult Services Staff will be happy to assist you. You may fax, mail, e-mail or drop off this application to the contact information listed above.

We look forward to seeing you at the Library!

The St. Johns County Public Library System Meeting Room Policy is available at all Library locations or online.



RESERVE YEAR (January – December):

## Please be reminded that Library/County sponsored programs and events receive first priority for use of meeting rooms.

e of Organization:
nization is a non-profitfor-profit (If for-profit, see Insurance Requirements Policy) Certificate of Insurance Example.docx
ription of Program:
act Person:
ess:
Street City, State, Zip
phone: Email
You require the use of an LCD Projector?noyes *If yes, please specify the type of laptop/device you will bring to e with the projector, so we can try to provide necessary cables:
oup Size:1-1011-5051-100 At the Southeast Library, the large meeting room can accommodate up to
100 people seated in chairs. The small conference room can accommodate up to 12 people seated in chairs.

My group will meet during regular library hours and vacate the meeting room 5 minutes before closing time. My group will notify the library if a meeting is to be canceled. Failure to do so may result in denial of future meetings. My group cannot meet more than once per month unless special permission is granted by the library manager. My group will return any borrowed equipment or supplies.

## I have read the policies regarding use of the meeting room, and agree to abide by them.

Signature\_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_

DAY OF WEEK	DATE	TIME (Include Set-up & Break-down time)			ROOM SIZE &
		FROM:	TO:	START TIME OF PROGRAM	CONFIRMATION (Staff Use)



St. Johns County Public Library System www.sjcpls.org



## **Indemnification and Hold Harmless:**

The BUSINESS and/or INDIVIDUAL(hereinafter referred to as USER) agrees to indemnify and hold the County and its officers, agents, and employees harmless from any and all liability, damages, actions, claims, demands, expenses, judgments, fees and costs of whatever kind or character, arising from, by reason of, or in connection with the use of the facilities described herein. It is the intention of the USER that the COUNTY and its officers, agents, and employees shall not be liable or in any way responsible for injury damage, liability, loss, or expense due to accidents, mishaps, misconduct, negligence, or injuries either in person, or property, which are caused by the USER, or those individuals the USER brings onto the premises for the event.

The **USER** expressly assumes full responsibility for any and all damages or injuries which may result to any person or property by reason of or in connection with the use of the facilities pursuant to this agreement, and agrees to pay the COUNTY for all damages to the facilities, which are caused by the USER, or those individuals the USER brings onto the premises for the event.

The **USER** represents that its activities pursuant to this agreement will be supervised by adequately trained personnel, and that user will observe, and cause the participants in the activity to observe, all safety rules for the facility and the activity. The **USER** acknowledges that the COUNTY has no duty to and will not provide supervision during the activity.

Name of Organization

Print Name of Authorized Agent

Signature of Authorized Agent

Date signed

Witness

## MEETING ROOM CHECKLIST

Please initial each item below to acknowledge that	Group Contact	Staff Initials
you have read and understand our meeting room policies.	Initials	millions
All forms of the Meeting Room Application (including		
insurance requirements, if applicable) must be completed		
before a room can be reserved.		
Library Sponsored programs receive first priority for use of the		
meeting rooms.		1
Groups cannot meet more than once per month unless special		
permission is granted by the library manager.		
Groups must vacate the meeting room <u>5 minutes</u> before		
closing time.		
Groups should schedule their meetings to allow for setup and		
breakdown time.		
Groups cannot enter the library before the library opens.		
Chairs and tables must be returned to original positions or		l
locations in the meeting room.		
All AV equipment on cart must be returned to the Service		
Desk.		
Proof of Insurance is required for all For-Profit Organizations.		
Group must notify the library if a meeting is to be canceled.		
Failure to do so may result in denial of future meetings.		l