



Southeast Branch Library
6670 US 1 South
St. Augustine, FL 32086

904-827-6900 phone
904-827-6905 fax
libse@sjcfl.us e-mail

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.



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

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