



Community Room Reservation Agreement

Date of Event: _____

Group Name/Event: _____

Name: _____
(Must be 21 years or older)

Address: _____

Phone #: _____

Email address: _____

What time does your event start? _____

What time does your event end? _____

_____ I give the Library permission to release my contact information in regard to this event. (Optional. Please initial if you agree.)

Please flip this page over for the Community Room Regulations and to sign the Reservation Agreement.

To Be Filled Out By Library Staff Member

Form of Payment: Cash Check # _____ N/C Total \$ _____

Payment received by: _____ Date _____
(Staff Member)



Community Room Regulations

- Groups that cancel with *less* than **24-hour** notice *will not be reimbursed*. Those that cancel within the required time frame will be reimbursed by check ASAP after the cancellation of the event.
- Person using/booking the room **must be 21** years or older.
- Library reserves the right to **change or cancel** any meeting if circumstances so demand.
- Library prohibits **open flame, deep fat fryers, alcohol, drugs or smoking**.
- Library prohibits liquids, **including ice cream**, placed in the trash.
- Library prohibits the use of **tape** on the walls.
- **Guide/Service dogs** are the only animals allowed.
- Events held in the Community Room must not disturb normal Library operations.
- Library will provide a limited number of tables and chairs.
- No entity shall imply in their announcements or advertisements that the Library sponsors, promotes, or endorses their product or services.
- Please leave the room, **including Restrooms**, the way you found it.
- The Library Board can and will assess a fee if the above conditions are not met.

The person signing below agrees to hold harmless The Hurt/Battelle Memorial Library Board of Trustees and its members, employees, and agents from any claim and liability arising out of or related to the use of the facilities and accepts full responsibility for any and all damages that occur. If requested, the signer must provide a Certificate of Liability Insurance on behalf of the group before the event date.

I have read and will follow the Community Room Policy and Regulations.

Print Name _____

Signature _____ Date _____