

AGREEMENT

I, _____, affirm that I am a holder of a valid Broadview
(name of Applicant)
Public Library District library card and that I am the duly authorized agent of

(name of Organization)

(hereinafter referred to as the "User"). I further affirm that the User has given me the power to enter into this Agreement in consideration of the Library District's approval of use of its meeting room as requested by User.

The User hereby agrees to indemnify, hold harmless and defend the Broadview Public Library District, its officers, agents, volunteers and employees from and against any and all claims, lawsuits, damages, causes of action, judgments, settlements, losses, costs, expenses and attorneys' fees arising out of personal injury, including death, property loss, damage or theft sustained by any person or entity resulting from or related to the use of the Library District's meeting room, the Library building or the Library's grounds, including the parking lot.

The User hereby agrees that the Library District, its officers, agents, volunteers and employees shall not be liable for any accident, injury or death, loss or damage resulting to any person or property, sustained by User, User's officers, agents, volunteers, employees or invitees, or anyone claiming by or through User, without limitation, arising out of, connected with or in any way associated with use of the Library District's meeting room, building or grounds, including the parking lot.

The Applicant has obtained and read a copy of the Library District's Meeting Room Policy and affirms that the User agrees to comply with, and to require all attendees of its meeting or event to comply with, said Policy.

The undersigned, as the duly authorized agent of the User, hereby binds the User to the terms of this Agreement.

(Signature of Applicant)

Subscribed and Sworn To before
me this ____ day of _____, 20__.

Notary Public

MEETING ROOM RESERVATION REQUEST

Please print clearly

Name of Organization: _____

Purpose: _____

Address of Organization: _____

City, State, Zip Code: _____ Phone: _____

Name of Authorized Agent (Applicant): _____ Position: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ Fax Number: _____

Second Contact: _____ Phone: _____

Desired Date and Time of use: _____, 20____
(year) (day of the week) (month and date)

from _____ m to _____ m.
(time: a.m. or p.m.)

Use of Meeting Room (state proposed use with respect to Library District's use priorities):

Approximate Group Size: _____

