Meredith Public Library Function Room/Maker Space/Historic Study Room Use Permit

Name of Organization:	Contact Person:	
Phone:	Email Address:	
Mailing Address:		
Day & Date Requested	Start time (including set up)	
End time (including clean-up)	Number of people expected?	
Number chairs?Number of table laptop, microphone, etc.)	es?Library equipment you will need	to borrow? (such as
Will you need training on how to use lib	orary equipment?	
Which Room would you like to reserve?		
Function Room (Limit 170) Make	r Space (Limit 25) Historic Study Room	(Limit 16)
• •	this room and agree not to exceed the roor n be shut down as designated by the state fi	• •
I have read the Meredith Public Library	Meeting Room Policy	
I certify that I am a member of the orga	nization reserving the room	
will see that the facility is cleaned and n immediately report any damages. The r trash generated during this event. The I	d all responsibility when using the facility for nade presentable before leaving the premis equesting person also assumes responsibilit Meredith Public Library and the Town of Me aforeseen expenses or damages to our prop	es and will y for carrying out any redith reserve the
I	agree to protect, indemnify, s	ave, defend and hold
harmless the Meredith Public Library, ir ("Indemnified Parties"), from and again causes of action, costs, interest and exp suffer by reason of any accident, bodily of or damage to property, arising indire	ncluding its officials, agents, volunteers and est any and all liabilities, obligations, claims, denses, which Indemnified Parties may beconinjury, personal injury, death of person, ecceptly or directly under, out of, in connection as space by	damages, penalties, me obligated or onomic injury or loss with, or as a result of
	(Organization Name)	(Date)
Signature of Permit Holder:		
Meeting Room Use Permit Approved by	r:	·
	(Employee Name) (Date)	