

Cadillac Wexford Public Library

Application to use the Meeting Room

Date of request _____

Date of use _____ Time of use _____

Name of Corporation/Organization/Individual _____

Street address _____

City and State _____ Zip code _____

Telephone _____ Email _____

Purpose of meeting or program _____

Number attending _____

By signing this Application, the Corporation, Organization or Individual identified above agrees to indemnify and hold harmless the Cadillac Wexford Public Library, its agents, employees, officers and representatives, from any and all suits, actions, claims, or demands of any character or nature arising out of or brought on account of any injuries or damages sustained by any person as a consequence or result of the use of the Meeting Room, its furnishings or equipment by the User or any person attending the User's meeting. The Corporation, Organization, or Individual also agrees to pay for any damage caused by its use of the Meeting Room. If signing on behalf of a Corporation or Organization, the person signing this Application agrees that he/she has authority to sign on behalf of the Corporation or Organization.

Name of responsible person _____

Signature of responsible person _____

Approved _____ Date _____