



Haldimand County Public Library
19 Talbot St. W., Box 550
Cayuga ON N0A 1E0
289 674 0400

MEETING ROOM RENTAL APPLICATION FORM

Date Required: _____ Time In: _____ Time Out: _____ Total Hours: _____	Number of People Attending the Meeting: _____
Name of Applicant(s): Address: House/Apt. No. and Street Name _____ Town/City: _____ Postal Code _____ Telephone Number(s): _____ Email: _____	Library Branch (please check) <input type="checkbox"/> Caledonia <input type="checkbox"/> Cayuga <input type="checkbox"/> Dunnville <input type="checkbox"/> Hagersville <input type="checkbox"/> Jarvis
Name of Organization (if applicable) Address: _____ _____ Telephone Number(s): _____ Email: _____	<input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Commercial <input type="checkbox"/> Private Party/Event <input type="checkbox"/> For Profit Tutoring <input type="checkbox"/> Not for Profit Tutoring
Title of Event: _____ Please briefly describe the activities:	Special Requests (room arrangement, access to kitchen, equipment)

Staff Member taking the booking: _____ Date: _____

Please read the waiver and indemnity clause on the other side of this page, and sign.

I (We) have read and agree to abide by the Regulations for use of the Meeting Room.

Waiver and Indemnity (Please read carefully)

In consideration of acceptance of being permitted to use the above requested meeting room, I (We) agree to indemnify Haldimand County Public Library Board and Haldimand County, their respective agents, officials, servants and representatives from and against all claims, actions, costs and expenses and demands in respect to death, injury, loss or damage to person or property, howsoever caused, arising out of or notwithstanding that the same may have been contributed to or occasioned by the negligence of the said entities, or any of the agents, officials, servants, or representatives of said entities.

ACKNOWLEDGEMENT

I (we) have read the above. I (we) understand that in receiving permission to use the above-requested room(s), according to the above-stated rules, I am (we are) assuming the risks associated with doing so.

Signature of Applicant: _____ Date: _____

Staff Use: Fee _____ Method of Payment _____ Date of Payment: _____ Staff Signature: _____
