

REQUEST FOR USE OF MCPLD COMMUNITY ROOM(S) & USER AGREEMENT

PLEASE PRINT

Name: _____

Organization (hereafter, individually and collectively, "Occupant"): _____ Non-Profit: Yes No

Event Description: _____

Approximate Number to Attend: _____ Open to public: Yes No

Requested Date of Use: _____ Location/Branch: _____

Set-up Start: _____ Event Start: _____ Event End: _____ Reservation end (includes take-down/clean-up): _____

INDEMNIFICATION/HOLD HARMLESS:

To the fullest extent permitted by law and to the extent claims, damages, losses or expenses are not covered by Protective Liability insurance purchased by the Occupant in accordance with the insurance requirements set forth in this contract, the Occupant shall indemnify and hold harmless the Mesa County Public Library District, agents and employees and against claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from use of the facility, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property but only to the extent caused by the negligent acts or omissions of the Occupant, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or reduce other rights or obligations of indemnity which would otherwise exist as to a party or person described in this Paragraph INDEMNIFICATION/HOLD HARMLESS.

In claims against any person or entity indemnified under this Paragraph INDEMNIFICATION/HOLD HARMLESS by an employee of the Occupant and anyone directly or indirectly employed by them or anyone for whose acts they may be liable, the indemnification obligation under this Subparagraph shall not be limited by a limitation on amount or type of damages, compensation or benefits payable by or for the Occupant under workers' compensation acts, disability benefit acts or other employee benefit acts.

Signature (and title, if applicable): _____

Today's Date: _____

Library Account # (required): _____

Telephone #: _____

Email Address: _____

The above signed has read and agrees to the following:

- I have read and understand the MCPLD Community and Study Room Guidelines and Policy.
- I understand that I am responsible for set-up and take-down of the room.
 - Please refer to the MCPLD Community and Study Room Guidelines for AV and equipment availability.
- I agree to pay a cleaning charge (\$50.00 minimum) should the meeting room not be left in the condition I found it.
- I understand I must check-in with the information desk at the top of the stairs, leave photo identification and be present for the duration of the event.

Completed forms can be emailed to: room@mcpld.org

Staff Use Only: _____

Date and Time Received: _____

Staff Name: _____ Branch: _____

Approved: _____ Denied: _____ Reason: _____

Please call the Mesa County Libraries at 970-243-4442 or visit us at www.mesacountylibraries.org for more information.