

## **MEETING ROOM RESERVATION REQUEST**

Please print clearly

### **Organization Information**

Name of Organization: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Organization Type:

☐ Non-Profit

☐ For Profit

☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_

### **Authorized Agent Information**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Reservation Details**

Desired Date: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(day of the week) (month and date) (year)

Time: From \_\_\_\_\_ [a.m./p.m.] to \_\_\_\_\_ [a.m./p.m.]

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

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Estimated Attendance: \_\_\_\_\_

## **MEETING ROOM USE AGREEMENT**

I, \_\_\_\_\_, affirm that I am a holder of a valid Broadview Public Library District library card and am the duly authorized agent for

\_\_\_\_\_ ("User").

I confirm that the User has authorized me to enter this Agreement in consideration of the Library District's approval for the use of its Meeting Room.

The User agrees to indemnify, defend, and hold harmless the Broadview Public Library District and its officers, agents, volunteers, and employees from any claims, lawsuits, damages, judgments, settlements, losses, costs, including attorney fees, related to personal injury, death, property loss, damage, or theft that occurs in connection with the use of the Library District's Meeting Room, building, or grounds, including the parking lot.

Furthermore, the User acknowledges that the Broadview Public Library District and its officers, agents, volunteers, and employees will not be liable for any accidents, injuries, deaths, losses, or damages to any person or property belonging to the User, its officers, agents, volunteers, employees, invitees, or any third parties, arising from or associated with the use of the Library District's Meeting Room, building, or grounds.

By signing below, I affirm that the information provided is accurate and that I have read, understood, and agreed to comply with the Library District's Meeting Room Policy. I commit the User to adhere to the Library District's policies and ensure that all attendees of the meeting or event will also comply.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed Request to the Main Desk or email it to [brs@broadviewlibrary.org](mailto:brs@broadviewlibrary.org).

For Staff Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	By: _____	Date: _____
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