

# West Nyack Free Library Community Room Application

Organization Name: \_\_\_\_\_

Website of Organization: \_\_\_\_\_

Person Applying: \_\_\_\_\_

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

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

Telephone Numbers:

Home: \_\_\_\_\_ Business: \_\_\_\_\_

\*Please provide additional information regarding your organization, i.e., Mission Statement, Press and Marketing Brochures. Please attach to application.

Is your organization able to provide a Certificate of Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If the group is unable to provide a Certificate of Insurance, the Contact Person will be required to sign a Liability Release Form.

Date/Day Requested: \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Persons Attending: \_\_\_\_\_

Equipment Needed: Number of Tables: \_\_\_\_\_

Number of Chairs: \_\_\_\_\_

(It is the responsibility of the organization to set up the room with the equipment available. The organization must leave the library facilities in a clean and orderly condition and return the room to its original set-up.)

I have read and understand the "Rules for Use of the Library Meeting Room/Rooms" and agree to abide by these rules. I understand failure to comply with any of the Library's policies and guidelines may result in termination and/or loss of future use of meeting rooms.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Organization: \_\_\_\_\_



## West Nyack Free Library

65 Strawtown Road

West Nyack, New York 10994-1898 | (845)358-6081

[www.westnyacklibrary.org](http://www.westnyacklibrary.org)

I, as an authorized representative of the group requesting the use of facilities, agree that said group shall hold harmless West Nyack Free Library, its employees and agents, from any and all liability which may be alleged or which results from any injury to persons or property caused by, or to, any person or organization (including its members) or guest connected with any meeting or function at any of the meeting room facilities. In addition, said group shall indemnify West Nyack Free Library, its employees and agents, from and against any and all liability and related legal costs, which may be alleged which results from any injury to persons or property caused by, or to, any person or organization (including its members) or guest connected with or attending any meeting or function at any of the meeting room facilities.

West Nyack Free Library assumes no responsibility whatsoever for any property placed in meeting room facilities in connection with this meeting(s) or function. Further, West Nyack Free Library is expressly released and discharged from any and all liability for any loss, injury or damage to persons or property which may be sustained in connection with, or as a result of this meeting or function.

The library reserves the right to cancel confirmed bookings if a room is needed by the library. No event is confirmed until you, as the authorized representative of the reserving group, have been contacted by the West Nyack Free Library with a confirmation. I have read and understand the rules presented to me and agree to comply.

Signature of authorized representative of reserving group \_\_\_\_\_

Print Name \_\_\_\_\_

Events Date(s): \_\_\_\_\_