Norelius Community Library 1403 1at Ave South Denison, IA 51442

NORELIUS COMMUNITY LIBRARY MEETING ROOM CONTRACT

Name of Organization		
Contact Person		
Complete Address		
Phone # Home	_Work	Cell
Date(s) Requested		
Time(s) Requested		
Purpose of Meeting		<u>_</u>
Expected Attendance		
Equipment needs: No Equipment TV /DVD Coffee Maker		White Board PA System
Room Requested: Fireside Kitchenette		Carnegie All 3 rooms
I have read the Carnegie Meeting Room Reservation Policy and Agreement on the		

I have read the Carnegie Meeting Room Reservation Policy and Agreement on the reverse side and agree to comply with it.

Signature_____ Date _____

I (Individual and/or Group name), on behalf of [Check one]: ___(myself)___(group), hereby acknowledge that I have read the Carnegie Meeting Room Reservation Policy and Agreement. I understand and agree to its terms and agree that if I, or the group for which I sign, damage the Carnegie Meeting Rooms, the fixtures or contents, I am responsible to pay actual damages caused and if I sign on behalf of a group, so is the group on whose behalf I sign. I also agree, to release, hold harmless and indemnify the Library, Library staff, Library Board of Trustees, City of Denison and its officers, officials, employees, agents and volunteers, from and against all claims, damages, losses and expenses arising out of the use of the Carnegie Meeting Rooms of any kind or nature whatsoever.

Signature

FOR GROUPS WITH FOOD AND DRINK

I have given \$50.00 TO Norelius Community Library as damage deposit in exchange for permission for me and/or the group I represent to have food and drink in the Carnegie Meeting Room spaces. If, after the meeting, Library staff discovers damages that the staff believes to be caused by me or the group I represent, the Library may retain my \$50.00 deposit to be put toward repair or replacement of damaged items and that I am responsible for any remaining actual damages.

Phone

Signature

Date

Staff Signature

Date

Approved July 23, 2024