

Seekonk Public Library
Meeting Room Request Form

Date(s) Requested: _____

Meeting Time is from _____ to _____

Organization's Name: _____

Purpose of Meeting: _____

Please attach a brief description of your organization. [You may attach other printed materials.]

Please check the boxes on all that apply to your organization:

- Has previously used the library.
- Is a not-for-profit organization.
- Membership is predominately from Seekonk.
- Can provide a certificate of insurance.
- Plans to serve refreshments.

By signing this request, I acknowledge that I have read and fully understand the Seekonk Public Library's Policy and Regulations for the use of the Seekonk Library Meeting Room. I agree to assume personal responsibility for my organization's compliance with these regulations, the behavior of all those attending any meeting or program, and the care of the meeting room and all library property within the room.

As the individual or the accredited representative of the organization making the reservation, I agree to indemnify and hold harmless the Seekonk Public Library, the Town of Seekonk, its agents and representatives, from any and all suits, action, claims or demands of any character or nature arising out of or

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brought on account of any injuries or damages sustained by any person as a consequence or result of using the meeting room, its furnishings or its equipment.

As the individual or the accredited representative of the organization making the reservation, I agree to pay all fees and other associated costs for use of the meeting room as required by the Board of Library Trustees.

Person Making Request: _____

(Please print your name)

_____ Date: _____

(Signature of Person Making the Request)

Contact Person: _____

(If other than the representative signing above.)

Representative's Address: _____

Telephone: _____ Fax: _____

E-mail: _____