**Terms of Program/Community Meeting Room Usage**

1. Requests to use the Program/Community Room must be made at the library facility 48 hours in advance and no longer than 60 days before the event.

2. Library functions will have priority. Community users will be on a first come, first serve basis. The library reserves the right to revoke permission to use the room for a reasonable cause at any time.

3. For after hour usage, users must pay an employee $15.00 per hour. A library employee or trustee will unlock and lock the room for users. No key will be given out. The employee or trustee must be present for the event, and the employee must be paid by the organization. The Friends of the Library are exempt from this provision, providing they designate a member to be responsible for the meeting room usage.

4. Refreshments of food and non-alcoholic beverages may be served if provided by the user.

5. No Smoking is allowed in the building.

6. Cedar County community organizations may request the use of the room for the purpose of holding seminars. Permission will be granted if the seminar meets the following criteria:

a. The seminar must be informational, education, or instructional.

b. Attendees may attend/participate at no charge.

c. presenters shall make no direct solicitation of attendees.

7. Permission to use the Program/Community Meeting Room does not constitute an endorsement by the Cedar County Library Board, or the library staff, of the user’s policies or beliefs.

8. The library is not responsible for any equipment, supplies, materials, clothing, or other items brought to the library by any user or individual attending a meeting. No materials, equipment, or furniture belonging to any group or user may be stored on library premises, and the library will assume no responsibility if material, etc. are left on the premises. The Cedar County Library Board and staff do not assume any liability for any groups or individual attending a meeting in the library.

9. The existing fire code allows for a maximum number of 35 persons at

El Dorado Springs and 50 at Stockton.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant

**REQUEST FOR CEDAR COUNTY LIBRARY PROGRAM ROOM**

**EL DORADO SPRINGS BRANCH**

To be completed and returned to: **John D. Smith Library Cedar County Library 808 South Main Street El Dorado Springs, MO 64744**

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

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Use:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you need the room a half-hour early to set up? \_\_\_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_\_NO

Number attending \_\_\_\_\_ (35 is the limit.) No. of chairs \_\_\_\_\_\_\_\_ No. of tables \_\_\_\_\_\_\_\_\_

Equipment: available on first come, first-served bases and MUST be booked in advance. Last minute requests are not guaranteed. Day of requests will incur a $10 charge per item.

\_\_\_ Overhead projector \_\_\_ Coffeemaker

\_\_\_Easel \_\_\_ Chart paper \_\_\_ Microwave

\_\_\_ Dry erase board \_\_\_ Refrigerator

\_\_\_ Cart for unloading

Technical needs (Please contact our library director one (1) week in advance to test equipment for compatibility.

\_\_\_Computer connect \_\_\_ Web connect \_\_\_ Data projector

Indicate desired room arrangements below. Draw a sketch on back if necessary.

\_\_\_Boardroom style. \_\_\_Classroom \_\_\_Auditorium \_\_\_ U-Shaped

Please keep a copy of the request form and program room policy for your review. Room deposit must be received in advance of reservation date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application Signature of Applicant Check/Cash Deposit

**REQUEST FOR CEDAR COUNTY LIBRARY PROGRAM ROOM**

**STOCKTON BRANCH**

To be completed and returned to: **Geneva Sharp Library**

**Cedar County Library**

**717 East Street**

**Stockton, MO 65785**

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

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you need the room a half-hour early to set up? \_\_\_\_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO

Number attending (50 is the limit.) \_\_\_\_\_\_\_\_\_No. of chairs \_\_\_\_\_\_\_\_ No. of tables \_\_\_\_\_\_\_\_\_

Equipment: available on first come, first-served bases and MUST be booked in advance. Last minute requests are not guaranteed. Day of requests will incur a $10 charge per item.

\_\_\_ Overhead projector \_\_\_ Coffeemaker

\_\_\_Easel \_\_\_ Chart paper \_\_\_ Microwave

\_\_\_ Dry erase board \_\_\_ Refrigerator

\_\_\_ Cart for unloading

Technical needs (Please contact our library director one (1) week in advance to test equipment for compatibility.

\_\_\_Computer connect \_\_\_ Web connect \_\_\_ Data projector

Indicate desired room arrangements below. Draw a sketch on back if necessary.

\_\_\_Boardroom style. \_\_\_Classroom \_\_\_Auditorium \_\_\_ U-Shaped

Please keep a copy of the request form and program room policy for your review. Room deposit must be received in advance of reservation date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application Signature of Applicant Check/Cash Deposit

**LIABILITY WAIVER/INDEMNIFICATION/RESPONSIBILITY AGREEMENT**

I hereby fully release and discharge Cedar County Library District, its officers, agents and employees from any and all claims resulting from injuries, including death, damages or loss, which may arise, or which may have arisen out of, or in connection with, the above meeting(s) in the Cedar County Library District program/meeting rooms.

I agree to assume full responsibility for any damages to the Cedar County Library District building, furniture, or equipment on library premises caused by the organization of whom I am the contact person.

I will include the statement, “This meeting/program is not a Cedar County Library District activity,” in all meetings and publicity, thus establishing that the Cedar County Library District is **NOT** a sponsor for my organization’s program. I will not use the library’s address/phone number as my organization’s contact point.

I understand that failure to comply with the meeting room policy may result in program/meeting room privileges.

I have received, read, understood and agree to comply with Cedar County Library Meeting Room Policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Person if not Applicant Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers