

**YOUR HOME PUBLIC LIBRARY
MEETING ROOM AGREEMENT FORM**

Attachment A



**Your Home Public Library
Meeting Room Agreement Form**

Organization or group name: _____

Contact person: _____ Phone: _____

Contact person's address: _____

Contact person's e-mail address: _____

Purpose of the group/organization: _____

Would you like your meeting posted on the library's programming calendar?
(The program will be made open to the public. Space is limited.)

The undersigned user of a meeting room has read the Your Home Public Library Meeting Room Policy, understands and agrees to abide by the guidelines and rules described therein. Failure to abide by these rules may disqualify the organization from future use of the rooms. The user hereby indemnifies and holds harmless Your Home Public, its Library Board, the Village of Johnson City and provider agency employees and volunteers from all liability directly or indirectly related to an event or meeting held at a Your Home Public Library under this application.

Signature _____ Date _____
(Responsible party for user group)

Applications are held on file for two (2) years. If the group intends to continue meeting at the library the responsible party for the group should submit a new updated application.

Initials of YHPL Staff _____

Date _____