

ROTHWELL MEETING ROOM USER APPLICATION

Name of Organization:	
Name of Representative:	
Address:	
Phone Number:	
Email:	
Date Requested:	
Time (Beginning to End):	
Purpose for Use:	
Estimated Number to Attend:	
Organization Type: (circle one)	For-Profit Non-Profit

AGREEMENT AND LIABILITY STATEMENT

The undersigned representative affirms that they have read and agree to abide by all **Rothwell Meeting Room policies and rules** stated on the reverse side.

The applicant and organization accept **full liability** for:

- Any **damage to library or personal facilities and/or equipment**
- Any **personal injury** incurred during or as a result of use of the facility

The applicant agrees to:

- **Pay for any damage** to library facilities or equipment
- **Arrange the room** as needed for their event and **return it to its original state** afterward
- **Pay for any janitorial services** required due to their use

Signature of Applicant:		Date:	
Approved by Goodall Library Representative		Date Approved:	