

Meeting Room Application & Hold Harmless Agreement

Please read the Meeting Room Policy before completing this form.

Date of Application _____

Name of Organization _____

Name of Contact Person _____

Position in Organization _____

Address _____

Phone _____ (Day) _____ (Eve)

Email _____

Program Information:

Date(s) _____

Hours _____

Type of Activity

Meeting room requested *Large* *Small*

Expected Attendance: Adults _____ Children _____

Will refreshments be served? _____

We have read and agree to abide by the River Edge Public Library's Meeting Room Policy. We also agree to indemnify and hold harmless the Library and the Borough of River Edge from and against any and all expenses (including actual attorneys' fees), claims, suits, injuries, damages, losses, judgments and consequential losses and damages, sustained either by reason of or arising out of or in any way connected with Applicant's use of the Library's facilities and equipment or its failure to comply with the terms and conditions of the Library's Meeting Room Policy. Applicant shall defend, at its sole expense, any action or proceedings brought against the Library and/or the Borough in such regard, including the settlement or compromise thereof, provided that the Library and/or the Borough may participate in the defense of any claim or action, including compromise or settlement, without relieving Applicant of any obligation hereunder. The

indemnity, hold harmless and defense provided hereunder shall be fully operative in every instance, except where the expense, injury, damage or loss is occasioned or caused by the sole and exclusive negligence of the Library and/or the Borough, whether by act or omission. Such indemnity, hold harmless and defense shall be provided in full by the Applicant in the event the expense, injury, damage or loss is occasioned or caused by or attributable to both Library and Applicant, regardless of the percentage or proportion so occasioned or caused by or attributable to each.

The undersigned is authorized to execute this agreement on behalf of this organization.
The applicant must finish and vacate the room 15 minutes before closing time.

Name of Applicant _____

Signature _____

Title _____

Date _____

Please return this completed form to the Library, no less than 20 days before your scheduled use of the room.

If you have questions, please call the Library Director at (201) 261-1663

Approved _____ Date _____

A copy of this application will be mailed to you as confirmation if requested.