

Contract must be returned at least 48 hours before meeting date. Form may be filled in electronically and emailed back, faxed to 419.884.3695, mailed or presented in person at the Lexington Branch Library.

Meeting Room Contract - Lexington Branch

Name of group or organization				
The applicant agrees to protect, defeagents, free and harmless from and or liabilities of every kind and chara applicant, negligent or otherwise, as The applicant agrees to pay all damarising out of the aforementioned active applicant also agrees to abide by the facility or misrepresentation of the any Library meeting rooms. Library • Tutoring sessions • Clothing giveaways	against any and acter out of or ind its employee ages, costs and cts or omissions by the Meeting I he meeting's pu	I all losses, pena n combination was, officers, agent expenses of the s. Room Policy, and prose may resul	Ities, damages ith any acts or in s, guests or in Library in def dacknowledge in the loss of	s, settlements, costs r omission of the idependent contractors ending any action es that any misuse of
I have read the Meeting Room Policy and accept responsibility for the requested area.				
Type or print full name of person ag	,			
Signed		Date		
Address				
City/State/Zip				
Phone #	Daytime	Evening	Cell	Fax
Alt. Phone #	Daytime	Evening	Cell	Fax
email				
Please notify the library in case of on the library reserves the right to cance				
Purpose of meeting				
Date(s) requested				
Times requested	to			
Size of group expected				