

**MOFFAT LIBRARY OF WASHINGTONVILLE  
MEETING ROOM USE APPLICATION**

**Please Provide All Requested Information (\* = required field)**

\* Name of Organization, Group, or Individual who will be using the Library Meeting Room Space:

\_\_\_\_\_

\* Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Contact Name / Person Responsible: \_\_\_\_\_

\* Contact Email: \_\_\_\_\_

\* Contact Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

\* Purpose of meeting room use: \_\_\_\_\_

\_\_\_\_\_

\* Number expected to attend: \_\_\_\_\_

\* Date needed (if more than one date is needed, please submit additional form for each date): \_\_\_\_\_

\* Time needed: \_\_\_\_\_

\_\_\_\_\_

**MEETING ROOM USE AGREEMENT**

I have received and read a copy of the Moffat Library of Washingtonville *Meeting Room Use Policy* and agree to abide by the policies and rules of use contained within.

Applicant's Name (PLEASE PRINT): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Applicant's Address (if different from above): \_\_\_\_\_

Applicant's Phone Number(s) (if different from above):

(H): \_\_\_\_\_ (W): \_\_\_\_\_ (CELL): \_\_\_\_\_

**APPLICANT MUST SIGN THE APPLICATION BEFORE IT IS REVIEWED**

*For office use only:* Approved/Not Approved (circle one) on Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**MOFFAT LIBRARY OF WASHINGTONVILLE  
FACILITY USE  
WAIVER AND RELEASE OF LIABILITY AGREEMENT**

*Do not sign this agreement before you read it or if it contains any blank spaces to be filled in.*

Applicant \_\_\_\_\_ desires to use the Moffat Library facility located at  
(FIRST & LAST NAME)

3348 Route 208, Bldg. 2 Suite 2, Campbell Hall, NY 10916 on \_\_\_\_\_ from \_\_\_\_\_.  
(DATE) (HOUR-HOUR)

In consideration of being permitted to use the facility, the undersigned Applicant waives, releases, and discharges the Moffat Library of Washingtonville, its employees and trustees (collectively "LIBRARY") from all liability for any loss or damage whatsoever, including personal injury, death, property damage, medical expense and any other type of expense (collectively "damages") whether caused directly or indirectly by the active or passive negligence of the LIBRARY, while the undersigned Applicant is in, upon or about the facility premises.

Applicant also acknowledges, agrees and represents that he/she has or will, immediately upon entering, inspected the premises and facility. It is further agreed that entry and/or use of the facility constitutes an acknowledgment that the facility and all equipment thereon have been inspected and that the Applicant finds and accepts the facility and equipment as being safe and reasonably suited for use. Applicant accepts the facility in its present condition, and is without representation or warranty by LIBRARY as to the condition of the facility, or as to the use or occupancy which may be made of it. Applicant also waives, releases and discharges LIBRARY from all liability for any loss or damage, including personal injury, death, property damage, medical expense and any other type of expense caused directly or indirectly by the condition and/or maintenance of the facility or any equipment.

Applicant also agrees to release, hold harmless, defend and indemnify LIBRARY from any and all liability for any loss, injury and/or damages caused directly or indirectly to any third party arising out of the use of the facility by the third party pursuant to this application.

The undersigned Applicant further expressly agrees that this waiver, release and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of New York and that if any portion of the Application and Agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

**Applicant certifies that he/she has read and voluntarily signs the *Moffat Library of Washingtonville Facility Use Waiver And Release Of Liability Agreement*, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.**

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return all completed forms to the Moffat Library prior to meeting room use