



**Application for Use of Program Room/Meeting Room/Gazebo**

Facility:  Upstairs Program Room  Gazebo  Downstairs Program Room  Meeting Room

Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_ to \_\_\_\_\_

Organization \_\_\_\_\_

Person Applying: \_\_\_\_\_ Position in Group: \_\_\_\_\_

Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

President of Organization (if applicable): \_\_\_\_\_ other contact \_\_\_\_\_

Presidents Address: \_\_\_\_\_ Presidents Telephone: \_\_\_\_\_

Type of Meeting: \_\_\_\_\_ Activity: \_\_\_\_\_

Any Special Requirements or Equipment Needed: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ (Upstairs Program Room: 21 seated, 46 standing. Gazebo: 24 seated or standing. Downstairs Program Room: 49 seated or standing. Meeting Room: 10 seated or standing.)

Will Refreshments Be Served: \_\_\_\_\_

Certification of Liability Insurance OR  Waiver of Indemnification

**Applicant understands that requested dates are NOT confirmed by completing and submitting this application. All applicants will receive written notification from the Kent Public Library confirming or denying requested dates.**

The applicant agrees that the Program Room or Gazebo will be left in acceptable, un-littered condition and table and chairs returned to the positions in which they were found.

The applicant accepts liability for either damage to Library facilities or loss of Library property

The Library assumes no responsibility for equipment or personal articles belonging to applicants or their guests.

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

Signature: \_\_\_\_\_

For Internal Use Only

Approved: \_\_\_\_\_

Notified: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

**11/30/2017**



# Kent Public Library

17 Sybils Crossing  
Kent Lakes, NY 10512  
845.225.8585  
www.kentlibrary.org

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## **INDEMNIFICATION**

**Instructions:** This form must be completed and on file prior to the commencement of any related activities by the individual, group, or organization involved.

Residents, groups and organization are expected to comply with all policies, rules and regulations set forth by the Board of Trustees of the Kent Public Library, and any State or Federal Law. As such, I understand that any violation thereof may result in the prohibition of my/our future use of the Library's facilities, or, if applicable, the assessment of civil or criminal penalties in accordance with State and Federal laws.

Further, I understand that by using the Library's facilities, I agree to release the Kent Public Library, its agents and employees, from and against any and all liability, loss, damages, suits, claims or actions, to the maximum extent permissible by law, arising out of such use. Further, I hereby agree to defend, indemnify, and save harmless the Library from and against any and all liability, loss, damage, suit, claim, demand, costs, attorney's fees, and expenses of whatever kind or nature which the Library may directly or indirectly incur, suffer or be required to pay by reason or in consequence to the intentional or negligent act or omission of

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Name of Organization \_\_\_\_\_

its agents, employees, or contractors.

Signed By: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_