

# ROOM USE APPLICATION

Reservation, Insurance, and Liability Form  
Cheboygan Area Public Library, Cheboygan, MI

Library Center for Community Programs  
Please read the LCCP Use Policy before completing this form.

Date of Application: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person(s) supervising event (if different than above): \_\_\_\_\_

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

## Program Information:

Date(s) of the event: \_\_\_\_\_ Hours: \_\_\_\_\_

Type of Activity \_\_\_\_\_

Expected Attendance: Adults \_\_\_\_\_ Children \_\_\_\_\_

We have read and agree to abide by the Cheboygan Area Public Library's policies and procedures governing the use of the Library's facilities. We also agree to defend and hold harmless and indemnify the Library and any of its employees or agents from any claims, suites, or other actions arising from, caused by, or which are the result of any alleged act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the Library premises for the purpose of participating in, organizing, assisting, enjoying, supervising or in any other way furthering the activity to be held ( as described above) on the date(s) listed above. The undersigned is authorized to execute this agreement on behalf of this organization.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

You will be contacted by library staff to confirm your application. If you have questions please contact Mel Eno at (231) 627-2381 or eno.melanie@cheboyganlibrary.org

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

Board approved 12/8/2005 Revised 11/9/2006 Revised 6/12/2008