



APPLICATION AND PERMIT FOR USE OF MEETING ROOM

Name of Library: Date of Meeting:

Time of Meeting: From: to Total Time:

Name of Applicant: Name of Organization:

Purpose of Organization:

Purpose of Meeting:

I have read and agree to abide by and uphold all rules and policies of the Contra Costa County Library and the community library governing the use of library premises or equipment, and I understand that failure to do so will result in loss of future privileges in the use of library meeting rooms. I understand that there is a no refund policy on the fee-based use of meeting rooms.

I agree that: **(name of person)** shall defend, indemnify, save, and hold harmless Contra Costa County and its officers and employees from any and all claims, costs, and liability for any damages, sickness, death, or injury to person(s) or property, including without limitation all consequential damages, from any cause whatsoever arising directly or indirectly from or connected with the operations or services of **(name of person)** or its agents, servants, employees, or subcontractors hereunder, save and except claims or litigation arising through the sole negligence or sole willful misconduct of Contra Costa County or its officers or employees.

(Name of Person) will reimburse Contra Costa County for any expenditures, including reasonable attorneys' fees, Contra Costa County may make by reason of the matters that are the subject of this indemnification, and if requested by Contra Costa County, will defend any claims or litigation to which this indemnification provision applies at the sole cost and expense of **(name of person)** .

Signature: _____ Date:

Position in Organization:

Home Address:

Business Address:

Home Phone: Business Phone: Email:

-- For Library Use Only --

Non Fee Use Approved Not Approved **Fee Based Use** Approved Not Approved

Reason:

Amount of Fee Received: Received by:

Librarian in Charge: Date: