



PLEASE PRINT ALL INFORMATION CLEARLY Today's Date _____

**Katherine B. Alexander Community Room
Reservation Application**

NOTE: UNTIL THIS FORM HAS BEEN RETURNED TO THE LIBRARY AND HAS BEEN SIGNED BY THE DIRECTOR OR DIRECTOR'S DESIGNEE YOUR ROOM RESERVATION IS NOT CONFIRMED. THE LIBRARY BOARD OF TRUSTEES WILL BE THE FINAL AUTHORITY IN GRANTING OR REFUSING PERMISSION TO USE THE COMMUNITY ROOM.

Organization's Name: _____

Profit _____ **Nonprofit** _____

Purpose of Meeting: _____

Day and Date of Meeting: _____

Time of Meeting: Start _____ **Finish** _____ *(Please allow for set up and clean up. Three tables, 35 chairs and a wall mounted screen are available for use. The undersigned person is responsible for the setup of the space.)*

Please end meeting/program 15 minutes prior to library closing.

Anticipated Attendance: _____

Person responsible for meeting room: _____

Address: _____

Telephone: _____ **Email:** _____

The undersigned agrees on behalf of the above-named organization to be responsible for any damage sustained to library property while being used by the organization, to all rules and regulations as set forth in the Oxford Library Rental Room Policy, and to return the room to the original arrangement.

Signature of person accepting responsibility for the meeting room

Reservation Confirmed by: _____

Total fees to be charged: _____ **Prepayment required.**

Disapproved*: _____ ***If use of room is not approved an explanation will be provided**



HOLD HARMLESS AND INDEMNIFICATION CLAUSE

The Oxford Library and its Board of Trustees, their employees and agents shall not be liable to any group, organization, or person attending a meeting. Any group, organization and person, jointly and severally, hereby agrees to, and shall indemnify and hold harmless the Oxford Library and its Board of Trustees, their employees and agents from any and all claims, suits, damages, losses or injuries which they may sustain, or are alleged to have sustained, while using the meeting room, including, but not limited to, use of a meeting room, rest room facilities and means of egress and ingress to the Library building and the meeting room.

Organization:

Name (Please Print):

Signature: _____

Witness (Please Print): _____

Witness Signature: _____