

**Application and Agreement for Use of Community Space**

Amagansett Free Library

215 Main Street, PO Box 2550, Amagansett NY

(631) 267-3810

First time application or Renewal Date Application submitted \_\_\_\_\_

Name of Applicant (Organization, Group or Individual)

\_\_\_\_\_

Organization or Group Representative's Name/Title

\_\_\_\_\_

Telephone number(s) of Applicant/Representative

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

E-mail

\_\_\_\_\_

Type and Purpose of event : \_\_\_\_\_

Day(s) and date(s) of event

\_\_\_\_\_

Time of event (starting and ending times)

\_\_\_\_\_

Time of arrival for setup \_\_\_\_\_ Time of departure following cleanup

\_\_\_\_\_

Number of people expected

\_\_\_\_\_

If you expect minors to attend, please indicate their age range

\_\_\_\_\_

How many adult supervisors

\_\_\_\_\_

Library equipment requested: \_\_\_\_\_

**Applicant(s) must have basic knowledge of equipment operation.**

Do you require an appointment with a staff member for assistance with computer & projection equipment? \_\_\_\_\_

Please indicate how you would like the room arranged.

\_\_\_\_\_

Are you planning to serve refreshments? If yes, please indicate what you have planned

\_\_\_\_\_

**PLEASE READ THE FOLLOWING AND INITIAL**

I understand my initials represent acceptance to the each of the terms and conditions laid out below.

\_\_\_\_\_

I have read the Amagansett Free Library Community Room Policy and agree to its terms. \_\_\_\_\_

I agree to release the Amagansett Free Library, its officers, directors, employees, trustees and agents from any and all liability, claim, or loss arising from my use of the Library's facilities. This includes use by my guests, employees, agents or invitees. I further understand that this release includes attorney's fees and other costs incurred by the Library in association with defending any claim arising from my use of the Library's facilities. \_\_\_\_\_

I understand I may be asked to sign a separate indemnification/hold-harmless agreement in favor of the Library notwithstanding the above. \_\_\_\_\_

I understand the Library's policy is to require all applicants to submit a liability Certificate of Insurance naming the Amagansett Free Library as additional insured (minimum of \$1,000,000). Any waiver of this requirement must be approved beforehand by the Library Director. \_\_\_\_\_

I understand I may be billed for any use of Library facilities beyond the agreed time.  
\_\_\_\_\_

I understand I may be billed for cleaning services if the Community Room is not left in a neat and orderly fashion. \_\_\_\_\_

If I am signing on behalf of a corporation, business, organization or any other entity aside from myself in a personal capacity, I represent that I am authorized by said corporation, business, organization or entity to do so, and to bind them to all the terms and conditions above. \_\_\_\_\_

As the applicant, are you fully authorized to agree to the faithful execution of the terms set forth in the Amagansett Free Library Community Room Policy and do you assume complete responsibility in connection therewith? \_\_\_\_ Yes \_\_\_\_ No Initial \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

1/06/2020  
9/25/2015