



Temple Public Library Meeting Room Use Agreement

Name of Group/Business/Organization: _____

Number of Attendees: _____

Contact Person: _____

Phone Number: _____ Email Address: _____

Room to be Reserved: Board Room McLane Room

Meeting Date: _____ Meeting Time: _____

Extra Accommodations Needed: _____

I have read, understand, and agree to the Temple Public Library Meeting Room Use Policy.

For Deposit / Room Fee Refunds

Make refund checks payable to: _____

Address for refund check: _____

I do hereby, for myself, my organization, and its members, agree to indemnify and hold harmless the City of Temple, its officers, employees and agents, from liability for any and all claims or actions based on common, constitutional, or statutory law, for damages, injuries to persons (including death), property damages (including loss of use), and expenses, including court costs and attorneys' fees, connected with use of meeting room facilities in the Temple Public Library, whether or not such damages result in whole or in part from intentional or negligent acts or omissions of the City of Temple, its officers, employees and agents.

Printed Name: _____ Date: _____

Signature: _____

For Library Staff Use Only

Received by: _____ Date: _____

Deposit Paid

Initials: _____

Room Use Fee Paid

Initials: _____

Refund Issued

Initials: _____