

ALAMEDA FREE LIBRARY
PUBLIC MEETING ROOM RESERVATION FORM

Name of Individual or Group: _____

Phone Number: (____) _____ Email Address: _____

Purpose of Event: _____ Date(s) Requested: _____

Hours of Use (include set-up & clean-up time): From _____ To _____

Estimated Attendance: Adults _____ Children _____ Total _____

Room Requested: (NO ALCOHOL ALLOWED)

- _____ Stafford Community Meeting Room A – Occupancy 49
- _____ Stafford Community Meeting Room B – Occupancy 62
- _____ Stafford Community Meeting Room A & B – Combined Occupancy 111
- _____ Family Literacy Room – Occupancy 12

Do you have a 501 (c)(3) non-profit status from the IRS? YES NO
Are you a City of Alameda department or other governmental agency? YES NO
Are you and Alameda-based community group (majority of members are residents of Alameda)? YES NO

I hereby certify that we are authorized, on behalf of the members of the above group or organization, to be responsible for any damage sustained to the Library premises, furniture or equipment caused by our occupancy of the Meeting Room, or for any additional custodial services required if the room was not left in the condition in which it was found. I agree to be responsible for locking the Meeting Room before leaving. I certify that the above group or organization agrees to abide by the “Rules for Meeting Rom Use” policy of the Alameda Free Library, including inserting a disclaimer on and receiving approval for, any public notices advertising a meeting or event (see policy #17). _____ [Applicant’s initials]

Fees are described on a separate Fee Schedule. Fees, if applicable, must be paid in full at the time the reservation is issued.

Room set-up and clean-up is the responsibility of the Applicant (see policy #8). _____ [Applicant’s initials]

Applicant is responsible for the orderly conduct of people attending the meeting including monitoring appropriate behavior in the library, before, during and after the meeting (see policy #16). _____ [Applicant’s initials]

Applicant hereby waives all claims and recourse against the City of Alameda including the right to contribution for loss or damage to persons or property arising from, growing out of, or in any way connected with or incident to this agreement, except claims arising from the concurrent or sole negligence of the City of Alameda, its officers, agents and employees.

Applicant shall indemnify, hold harmless and defend the City of Alameda, its officers, agents and employees against any and all claims arising out of use of the Meeting Room.

I declare under penalty of perjury, that I am authorized to sign on behalf of the group or organization and that I agree to all of the above terms, both for myself as an individual and for my group in a representative capacity.

Name of Applicant (please print) Signature of Applicant/Declarant Date

*****STAFF USE ONLY:*****

Room Available: YES NO

Fees: _____ hours @ \$ _____ per hour = \$ _____

Approved by: _____ Paid: _____