

**Dawson Springs Branch Library
Katherine Barnett Meeting Room
Application Form**

Name of Renter: _____

Name of Organization/Group: _____ Nature of use: _____

Address: _____

Phone: _____ Date Requested: ___/___/___

Time meeting room is to be used: from ____ to ____ (Including setup and clean up time.)

Would you like to request the use of any Library Audio-Visual equipment? _____
(Note that A/V equipment is offered on a limited basis and not guaranteed.)

Check all that apply:

_____ The meeting will be open to the public. (*This must be checked in order for your group to meet.*)

_____ I have received, read and will comply with the Library's *Katherine Barnett Meeting Room Policy and Guidelines*, including HCMPL's *Code of Conduct*. I understand that the Library may revoke permission for any entity to use any of its meeting rooms at the discretion of the Director or Assistant Director/Branch Librarian, or due to violation of established policies and procedures, including HCMPL's *Code of Conduct*.

_____ I agree to indemnify, defend and hold harmless Hopkins County-Madisonville Public Library, their Trustees, employees and agents, from and against any and all claims, losses, judgements, costs and expenses (including attorneys' fees and expenses) arising out of my use of the meeting room, including damage to or harm arising from my use of other areas of the premises in connection with my use of the room.

_____ I am signing on behalf of the following organization: _____

_____ I am signing on behalf of myself as an individual.

Deposit Required: \$_____ Date Paid: ___/___/___ Cash or Check #_____ Staff Initials: _____

Rent Charged: \$_____ Date Paid: ___/___/___ Cash or Check #_____ Staff Initials: _____

Date: ___/___/___

Signature of renter

Date: ___/___/___

Signature of person picking up key

Key #

Key Returned: ___/___/___

Deposit Returned: ___/___/___

To Whom: _____

Cash or Check #_____

By Whom: _____