



Community Room Request Form

Taylor Community Library
710 S Main Street, Taylor, PA 18517
(570) 562-1234

Name of Contact Person: _____

Phone Number: _____ Email Address: _____

Which is the best way to contact you? ☐ Phone ☐ Email

Group/Organization Name (if applicable): _____

Organization Address: _____

What type of group? ☐ Nonprofit ☐ Business ☐ Community Group ☐ Government Entity

Please describe the purpose of your room use: _____

Date(s) Requested: _____

Alternate Date Options: _____

Time Requested: _____ (AM / PM) to _____ (AM / PM)

Approximate number of people using the room: _____

Will you require assistance from the library to use the TV and/or DVD Player? Yes or No

Damage, Indemnification, and Applicant-Hold-Harmless Agreement

The undersigned agrees to assume responsibility for the preservation of order at the Taylor Community Library and liability for any damage thereto and for the observance of all policies, rules, and regulations of the Abington Community Library and further release the Taylor Community Library, and their respective officials, employees, and volunteers from any liability of any kind whatsoever arising out of the participation, organization and/or rental permitting the use of the Taylor Community Library Meeting Room.

The undersigned further agrees to indemnify and hold harmless all of the parties mentioned above from and against any and all actions, causes of action, losses, damages, liabilities, and claims, and all fees, costs, and expenses of any kind related thereto (including without limitations, reasonable attorney's fees), arising out of or resulting from claims based upon or related to the participation, organization or rental of the Taylor Community Library Meeting Room. The undersigned is at least 18 years of age and intends to be bound by this agreement.

I have read the Taylor Community Library's Community Room Use Policy and agree to the terms.

Signature

Date

For Internal Use Only:

Date Received: _____ Director Approval: _____