DI GROUP INFORMATION FORM

Group Name:	
Supervising Adult/s:	
Phone Number:	
Email:	
Group Grade:	
Names of Group Members:	
Exact Dates and times needed for meetings:	
Room Assigned:	
Supervising Adult Signature:	
Date	
You will receive a copy of this for your records	
Group Copy	
Ann F. Copy	

Childrens's Copy

KINNELON PUBLIC LIBRARY

MEETING ROOM USE WAIVER

In consideration of the use of the Meeting Rooms, the sponsoring organization agrees that:

- 1. It will be responsible for all damages to any property of the Library resulting from negligence, carelessness of willful acts of any member, officer, employee, agent or of any of its invitees.
- 2. It will indemnify and hold harmless the Library against any and all claims arising out of its use of the Meeting Rooms, including reasonable attorney's fees.
- 3. The Borough of Kinnelon and the Kinnelon Public Library assume no responsibilities for loss of, or damage to, any property placed in the Library in connection with a meeting, exhibit or event.
- 4. The organization will adhere to all Municipal ordinances.

WE HAVE READ AND AGREE TO ABIDE BY THE ABOVE PROVISIONS AND THE REGULATIONS OF THE LIBRARY GOVERNING THE USE OF THE LIBRARY MEETING ROOM.

O:	rganization:
O	fficer for Organization:
D	Pate:
Kinnelon Public Library Director:	
Date:	

(Approved June 21, 2006)