

Date Submitted: _____

TRACY MEMORIAL LIBRARY

304 Main Street
New London, NH 03257
<http://www.tracylibrary.org/>
Tel (603) 526-4656
info@tracylibrary.org

MEETING ROOM APPLICATION
(updated 11/29/22)

Name of group: _____

Type of group (circle): Civic * Educational * Religious * Other: _____

Purpose/nature of meeting: _____

Day of meeting (circle): Tues. * Wed. * Thurs. * Fri. * Sat.

Date(s) of meeting, up to four months in advance, **limit 2 meetings per month**: _____

Starting time of meeting, including setup: _____
Not prior to 9:00 AM

Ending time of meeting, including cleanup (restoring room to order): _____

Anticipated attendance (***max. capacity is 64***): _____

Will refreshments be served? (circle): Yes * No
If yes, group is responsible for cleaning up and removing trash, supplies, equipment

Will the event be advertised? (circle): Yes * No
If yes, groups must state their sponsorship in the ad and not imply Library sponsorship

Please circle Library-owned A/V equipment you wish to use:
* Screen * LCD projector * DVD/Blu-ray * Microphone
User must be trained in proper operation & must sign Assumption of Responsibility Form

Please sign below confirming that you have read and agree to comply with the attached
Tracy Memorial Library Community Meeting Room Guidelines.

Name of applicant: _____ Signature: _____

Address: _____

Telephone: _____ TML card number (last 4 digits): _____

Staff Use Only

Approved by: _____ Approval Date: _____ Entered: _____

AV Training Needed? _____ AV Training Received on Date: _____

HOLD HARMLESS AGREEMENT

As concerns the use of premises at Tracy Memorial Library, 304 Main Street, New London, New Hampshire:

The undersigned agrees to indemnify and hold harmless Tracy Memorial Library, its trustees and employees from any and all loss, cost (including attorney's fees), damages, expenses and liability in connection with claims for property damage, bodily injury or death of any person which may arise out of the use of the meeting room of Tracy Memorial Library.

Name of organization: _____

Name and title of officer of organization: _____

Signature: _____ Date: _____

ASSUMPTION OF RESPONSIBILITY FOR AUDIO VISUAL EQUIPMENT

Please note that Tracy Memorial Library equipment is for use in the Meeting Room only. Please request equipment when making the Meeting Room reservation.

I will receive instruction in proper use of Tracy Memorial Library audiovisual equipment (circle all that apply: LCD projector, DVD/Blu-ray, screen, microphone) and I assume responsibility for its proper use during scheduled meetings.

If I have any questions or if the equipment malfunctions, I will seek help from a library staff member before adjusting the equipment. If the equipment is damaged or destroyed during my use, I assume financial responsibility for replacement cost of the equipment at current market value.

Signature: _____ Date: _____