SPECIAL PURPOSE ROOM AGREEMENT
FOR STANISLAUS COUNTY LIBRARY - MODESTO

Reservation for (check one):
☐ McHenry Room/Auditorium ($30)  ☐ Conference Room ($10)

Meeting Date: ____________________________
Meeting Time: From __________ To __________
Open room at: ____________________________

PLEASE COMPLETE FOR AUDITORIUM USE ONLY:
Number of Chairs: ________ (150 maximum)
Podium: Yes ________ No ________
Microphone: Yes ________ No ________
Assistive Listening Devices: Yes ________ No ________

Organization: _____________________________________________
Address: ________________________________________________

President/Chairperson: __________________________ Phone Number: __________
Person Completing Form: __________________________ Phone Number: __________

AGREES TO THE FOLLOWING TERMS:
(Name of Organization)

• We(I) understand that the County does not cover exhibits or material brought to the Library. Stanislaus County and the Library assume no responsibility for such materials and provide no supervision for activities held in the special purpose rooms.

• We(I) will indemnify, defend, and hold the County harmless from any loss, injury, damage, liability, or cost of litigation, including attorney's fees, incurred by reason of anything done or admitted to be done by the above-named organization, its officers, employees or agents in connection with the use of these facilities.

• We(I) agree the use of the room will be subject to the regulations set forth by the County Board of Supervisors, October 19, 1971, (amended October 7, 1986; September 29, 1998; June 17, 2003; February 6, 2007; December 16, 2008, December 20, 2011), a copy of which has been given to me.

• We(I) understand that the room will not be opened until the individual responsible for the meeting or his/her designee is present, and that if the pantry is used, it should be cleaned (coffee pot, sink, etc.) before departure.

_________________________________________  ________________________
Signature of Responsible Person          Date

Please mail form to: Stanislaus County Library Administration, 1500 I St., Modesto CA 95354
or fax to (209) 529-4779.

LIBRARY USE ONLY

Date ____________________________  Paid Amount ____________________________  Receipt Number ____________________________

☐ Proof of Insurance received 10 days in advance
☐ Recorded on monthly deposit log
☐ Marked "Pd" in WebEvent calendar

Rev. 12/20/11