



North Branch Library

For the staff & SUBs handling this request – check availability for date/time in MIDAS before proceeding to schedule.

(Please note: This request must be approved by a permanent staff member of the Library – you will receive a confirmation. Also for more information please see www.summitcountylibraries.org – under the “find it” tab and “Meeting Rooms”.)

Organization: _____

Contact Name: _____

Phone No.: _____ E-Mail Address: _____

Mailing Address: _____

Meeting Name: _____ # of Participants: _____

Select One: Recurring Meetings – If consistent, days and times: _____

Single Meeting – date and time: _____

Non-Profit Status: _____

Room & Capacity:

- Blue River Room – 90 person capacity

Amenities (subject to availability):

- Tables & Chairs
- 2 Dry-erase boards
- Kitchen includes refrigerator, stove, oven, sink and counters

ALL ROOM APPLICANTS – READ, INITIAL, AND SIGN FULL NAME BELOW:

_____ I have received, reviewed, and agree to comply with the regulations set forth in the Policies and Procedures for the Use of the Summit County North Branch Library Meeting Room.

_____ I agree to indemnify and hold harmless Summit County Government for all claims arising out of the use of the North Branch Library, including personal injury, bodily injury, and property damage claims. I understand that private property brought onto County grounds is the sole responsibility of the owner. The County assumes no responsibility for damage to or loss of private property or for personal injury that may occur on County property.

_____ I understand and take full responsibility for returning the room to standard condition including returning tables/chairs to the configuration provided in room layout diagram.

_____ I understand that no maintenance or IT support will be available for the meeting rooms outside of library hours.

_____ I understand that by filling out this application, I agree that I will be present at the event.

_____ I understand I cannot store materials or office supplies in the meeting room outside of my reserved hours.

_____ All information in this application is complete and accurate

By signing below, I acknowledge and understand that Summit County Government does not provide any insurance or coverage for the public use of County meeting rooms. As such, it is my responsibility to obtain the proper insurance for this event/meeting and participants. Should I chose not to insure this event/meeting, I will inform the participants of my decision and all associated risks of such decision. I further acknowledge and understand that should I choose not to obtain insurance, I may be personally liable for any accidents and/or injuries that occur during this event/meeting.

Applicant Signature _____

Date _____