

**SPECIAL PURPOSE ROOM AGREEMENT
FOR STANISLAUS COUNTY LIBRARY – MODESTO**

Non-refundable Fee and Reservation Form required 14 days in advance of the event
Proof of Insurance is required 14 days prior to the event

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: _____ (125 maximum)

Podium: Yes _____ No _____

Microphone: 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 or on library grounds.
- 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/premises.
- We(I) agree the use of the room/space 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, March 7, 2023, September 26, 2023), 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
- Recorded on monthly deposit log
- Marked "Pd" in electronic calendar