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: _______ (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), 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 (due 14 days prior to meeting date)
☐ Recorded on monthly deposit log
☐ Marked "Pd" in WebEvent calendar

Rev. 3-29-23