Marianne Beck Memorial Library 112 West Central Howey in the Hills, Florida 34737 Phone: 352-324-0254 / Fax: 352-324-1115

LEC Meeting Room Agreement

When public meeting space is not being used for the Library, the Town of Howey, or the Lake County Library System programming, it is available for public use without discrimination toward race, color, creed, national origin or religion.

This agreement must be reviewed and signed by the responsible party in person at the Library. The reservation request may be called in to the Library and the Meeting Reservation Form completed. The Meeting Room Agreement however must be signed in person with identification or a Lake County library card. Contact information for the responsible person must be provided as well. The responsible person or designated representative must be present at the event.

Please read and initial the following information:

_____Meeting space will be available during regular library business hours only. Events should be concluded at least one half hour before the library's scheduled closing time.

> Library business hours are: Monday-Wednesday-Friday 10 am. - 5 p.m. Tuesday – Thursday 10 am. - 7 pm. Saturday 10 am. To 1 p.m.

_____A Meeting **Reservation Form** is required and must be completed and filed with the library's director no earlier than 365 days and no later than 7 days prior to the event.

The library reserves the right to cancel any reservation during an emergency situation (natural, national, state, local or county emergency) or a conflict with the library or Town of Howey programs, activities, meetings or events. Should the library cancel an event, the user will be notified as soon as possible.

____No group or individual may schedule use of a meeting space more than once per month, up to a maximum of ten months in one calendar year.

Programs must not interfere with or disrupt regular library activities.

Programs must be free and open to members of the public that may wish to attend and they must be non-commercial in nature. Citizens or groups may conduct programs, meetings, seminars, study groups, planning sessions, training programs and related activities.

_____The library cannot provide storage space and is not responsible for any equipment or articles of value, exhibits, food, flowers, beverages, or belongings left behind which are lost, stolen destroyed or damaged.

_____The Marianne Beck Memorial Library can provide a limited selection of audio-visual equipment for public meetings within the library. Arrangements must be made in advance of the meeting date. The person signing this agreement will be responsible for any damages to the room(s) or equipment.

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____Adult (21 years of age or older) supervision of any minor participants (under age 18) is required at all times. Children age 8 and younger who accompany their parents or guardian to a meeting-room function must remain in the meeting room with the parent or guardian. Finally, for children's events each child under the age of 8 must be accompanied during the event by a parent or guardian.

_____Groups or individuals using the meeting rooms may not use library telephones to collect or relay messages.

_____All signage related to all public meetings requires the pre-approval of the library director before it can be displayed; signage may not advertise a fee or the sale of any merchandise or service.

Food and/or a caterer of your choice is allowed. A group may bring in their own food/beverages. The person signing this agreement will be responsible for seeing that the room and facilities are cleaned up. If cleaning beyond the usual scheduled routine cleaning is required after the group leaves, the person responsible for the group will be financially responsible.

_____The attached Meeting Room Agreement – Addendum has been provided to the undersigned to read. This is the Release, Waiver, and Indemnification form.

Organization Name: _____

Contact Person or Representative of the Organization:

(Printed Name)

(Signature)

Address of the organization or person responsible for the event:

(Street Address or PO Box)	(City)	(Zip Code)
Phone Number(s):	Cell:	
Email:		
Library Staff Completing this form:		
Name:	Initials:	-