

1215 Main Street  
Union Grove, WI 53182



(262) 878-2910  
uniongrove.lib.wi.us

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### LIBRARY MEETING ROOM APPLICATION

(Please complete, sign, and submit to library staff in advance of the meeting)

ORGANIZATION \_\_\_\_\_ IS ORG. NON-PROFIT? \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE & TIME OF MEETING \_\_\_\_\_ # OF PEOPLE \_\_\_\_\_

DESCRIPTION OF ROOM USE/PURPOSE OF MEETING \_\_\_\_\_

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#### AGREEMENT:

This signed agreement certifies that the applicant has received a copy of, is familiar with, and agrees to abide by the regulations stipulated in the Graham Public Library Meeting Room Policy.

By signing this agreement, the applicant hereby agrees to **release from liability** the Village of Union Grove, WI; the Graham Public Library Board of Trustees; their agents; officers; employees; and volunteers from any and all costs, damages, or injuries sustained as a result of using the Graham Public Library meeting room.

Further, the applicant agrees to **indemnify and hold harmless** the Village of Union Grove, WI; the Graham Public Library Board of Trustees; their agents; officers; employees; and volunteers from any and all damage, loss, or liability of any kind whatsoever occasioned upon and/or within the library premises, or ways or walks or concourse adjacent thereto, by reason of any bodily injury to, or death of, any person, or by reason of any injury to property of third persons occasioned by any act of omission, neglect or wrongdoing of the applicant or any of their and/or its officers, agents, representatives, assigns, guest, employees, invitees, or other persons admitted by the applicant to the premises, and the applicant will, at their or/its own cost and expense, defend and protect the Library Board, the Village of Union Grove, WI, their agents, officers, employees and volunteers against any and all such claims or demands.

The Graham Public Library Board, the Village of Union Grove, WI, their agents, officers, employees and volunteers are not responsible for the loss of individual property whether attended or unattended, before, during, or after using the Library meeting room.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT NAME (PRINTED) \_\_\_\_\_ TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_