

Buda Public Library

Application for Meeting Room Use

Date _____

Name of Organization _____

Purpose of Organization Educational Non-Profit HOA or similar
 Civic organization Other type of non-commercial organization

Representative's Name _____

PO Box or Street Address _____ Apt. or Lot # _____

City _____

State _____ Zip Code _____

Phone number _____

Email address _____

Driver's license number _____

I certify that all information given by me is correct and that I will let library staff know if there are any changes to this information.

I agree to take responsibility for the organization listed, including organizing set-up before the meeting, clean-up after the meeting and for making sure all members of the organization exit the library building, if the meeting extends after library hours.

I understand that I will be contacted if the organization I represent damages any library equipment, furniture, the building or the grounds.

I certify that I have read and understand the Meeting Room Policy and agree to follow it.

I agree to the following waiver:

The undersigned, both individually and on behalf of the organization, agrees to defend, indemnify, and hold the City of Buda and its officers, employees, and agents harmless and free from any liability of any nature, including but not limited to liability for damage or injury to any persons or property costs and attorney's fees arising out of or in connection with the use of City of Buda facilities regardless of whether the city was actively or passively negligent, either solely or contributory in connection with such liability. I certify that we have received and read the rules and regulations. I, the undersigned, do hereby agree that we will abide by the policies governing the use of this facility and I will be responsible for any damages to the facility, furniture, or equipment caused by the occupancy or our organization on the premises.

APPLICANT'S SIGNATURE : _____ DATE _____

Buda Public Library

Application for Fundraising Event

Brief description of event, including approximate number of participants: _____

APPLICANT'S SIGNATURE : _____ **DATE** _____

STAFF USE

EVENT APPROVED (Y/N) _____ REASON FOR DENIAL _____