



**Newmarket Public Library
Meeting Room User Agreement**

Name of person, group or organization: _____

Name of contact person (must be 18 or over): _____

Phone number: _____

Date(s) and Time(s) of meeting: _____

(Rooms are only available during open library hours and must be vacated by 7:45 pm)

Expected number of attendees: _____ Big Room: _____ Small Room: _____

This group is a: (Check one)

Non-profit Group (501 C-3)

Newmarket Government Entity

Non-business related club or group comprised mostly of residents of the Newmarket area

Nature of meeting:

I agree to abide by all rules outlined in the meeting room use policy

I/we will not hold the library liable for any injuries, damages, or losses which may occur during our use of the library facility.

I understand that as a person signing this contract, I am taking financial responsibility for any damages which may occur during meeting room use and that I am the primary contact for library closures.

I understand that failure to follow the meeting room use policy may result in loss of privileges.

Signature: _____ Date: _____

Application taken in by: _____