

LETTER SENT _____
CALENDAR _____
COMPUTER _____

INSURANCE FORM ON FILE _____
INSURANCE FORM ATTACHED _____

Dixon Homestead Library
180 Washington Avenue
Dumont, NJ 07628

Phone: (201) 384-2030

Fax: (201) 384-5878

ROOM REQUEST FORM

TODAY'S DATE: _____

REQUESTED BY: _____
(ORGANIZATION NAME)

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____
(HOME) (CELL)

DAY OF THE WEEK REQUESTED: MON TUES WED THUR FRI SAT

TIME : _____ TO _____

DATES: (OR ATTACH LIST)

APPROXIMATE NUMBER OF PEOPLE ATTENDING: _____

ROOM PREFERENCE (NOT GUARANTEED):

___ ALL PURPOSE (KITCHEN) ___ AUDITORIUM ___ CLASSROOM
___ CONFERENCE

SIGNATURE: _____ DATE: _____

- All forms must be complete and signed before any rooms can be reserved.
- Insurance form must be correct and up to date before any room can be reserved.
- SIGN IN INK

ROOM USE GUIDELINES

- All meetings must end by 7:45 p.m. on Monday through Wednesday; 4:45 p.m. on Thursday through Saturday. Please allow sufficient time to straighten the room before you leave.
- You are responsible for the room set-up and leaving it in the condition you found it. Supplies to help with your clean-up can be found in the kitchen area (broom and dustpan) of the All Purpose Room or behind the stage curtain (small vacuum) in the Auditorium.
- Tables and floors must be thoroughly covered when doing craft projects.
- Meetings involving children must have a group leader present at all times; from the time the children are dropped off until they are picked up. Children will not be permitted to wait unaccompanied until the group leader arrives or until a parent or guardian picks them up.
- Please remember: this is a Library, and sound travels! No loud noise, screaming, yelling, or disruptive behavior will be permitted.
- Children under 18 years of age are not permitted to use the appliances in the kitchen.
- The Library is not responsible for your supplies or anything that you might need for your meeting.
- Nothing may be stored on the premises.
- The Library will not be responsible for anything left in the Library.
- It is the responsibility of the group leader to contact the Library during inclement weather to see if the Library is open or will be closing early.
- In case of an emergency, use the emergency phone located on the stage in the Auditorium or in the kitchen to contact the Police or circulation desk.
- Failure to comply with our guidelines will result in the cancellation of subsequent scheduled meetings.

I have read these guidelines and agree to follow them:

SIGNATURE: _____ DATE: _____

HOLD HARMLESS AGREEMENT

BETWEEN THE BOROUGH OF DUMONT

AND

(ORGANIZATION NAME)

(ADDRESS – NOT POST OFFICE BOX)

(TELEPHONE NUMBER)

(ORGANIZATION TYPE – INDIVIDUAL, PARTNERSHIP, NON-PROFIT CORPORATION, CORPORATION, PUBLIC ENTITY)

In consideration of the use of _____

on the following dates: _____

for the purpose of _____

The undersigned agrees to indemnify and hold the Borough of Dumont and its officers, agents and employees harmless from any and all liability, claims, costs and attorney's fees arising out of the use of the property referred to above.

I understand that this hold harmless agreement also requires that the Borough of Dumont is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor or other person attending the event herein referred to. Unless waived in writing by the Borough of Dumont, I agree to furnish a Certificate of Insurance specifically naming the Borough of Dumont as an additional insured providing general liability, bodily injury and property damage coverage. The minimum limits of liability will not be less than \$1,000,000

combined single limit coverage. This certificate shall state: "that the issuing company shall mail written notice to the certificate holder named, certified mail, return receipt within 30 days". It shall also contain a statement acknowledging this hold harmless agreement. No exceptions or limitations will be accepted.

In order to compel the Borough of Dumont to accept this hold harmless agreement, the following information concerning the intended use of the premises will be furnished:

- a) Alcoholic beverages (will) or (will not) be served.
- b) Total number of persons anticipated is _____.
- c) Live entertainment (will) or (will not) be provided.
- d) Other _____.

Signed this _____ day of _____ 20_____

as the binding act in deed _____
(NAME OF ORGANIZATION)

(Print Name)

(AUTHORIZED SIGNATURE)

(WITNESS)

NOTE: CERTIFICATE OF INSURANCE SHALL BE IN ORIGINAL FORM. NO PHOTOCOPIES OR FAX COPIES SHALL BE ACCEPTED. IT SHALL ALSO BE SIGNED IN INK BY THE AUTHORIZED PERSON.