



Delmar Public Library

## Meeting Room Responsibility Form

---

Name of Contact Person \_\_\_\_\_

Name of Organization/Group \_\_\_\_\_

Telephone number of Contact person \_\_\_\_\_

E-mail Address of Contact Person \_\_\_\_\_

Use of a Delmar Public Library Meeting Room is contingent upon the user assuming full responsibility for the event and the protection of the meeting room facilities and equipment. The contract person is hereby asked to read the following statement and indicate by his/her signature that the statement and the responsibility are understood.

### STATEMENT OF RESPONSIBILITY

**The undersigned assumes all and exclusive responsibility for the preservation of order and the sole and exclusive liability for the injury of persons, and damages to, or loss of property that may result from this use; and for the due observance of all the Delmar Public Library Commission's regulations regarding the use of the Library's meeting rooms and acknowledges receipt of the regulations for the room booked.**

I have read and understand the Statement of Responsibility, have received a copy of the Meeting Room regulations, and agree to assume the responsibility and abide by the regulations.

Contact person's Signature \_\_\_\_\_ Date \_\_\_\_\_

Library Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Proof of insurance/liability waiver (as applicable). Copy and attach.