

CHILlicothe & ROSS COUNTY PUBLIC LIBRARY
140 S. Paint Street
CHILlicothe, OH 45601
740-702-4161
740-702-4153 FAX

Hours Available:

Main (M-TH 5 p - 8:45 p, Sat. 9 a - 5:15 p) Northside (M-W 9 a - 8:45 p, TH 12 p - 8:45 p, F & Sat 9 a - 5:15 p)
Capacity: Main Meeting Room - 20, Northside Meeting Room - 75, Northside Conference Room - 8

Location:

NAME OF ORGANIZATION _____

NAME OF PERSON MAKING REQUEST _____

ADDRESS _____ CITY & STATE _____

ZIP _____ TELEPHONE(WITH AREA CODE) _____

DATE DESIRED _____ DATE REQUEST MADE _____

START TIME _____ ENDING TIME _____
(PLEASE ALLOW ENOUGH TIME FOR SETUP AND CLEANUP)

Number Attending _____

FOR WHAT PURPOSE IS ROOM TO BE USED _____

The following disclaimer is required to be printed on all public notices or advertisements of meetings held in the library by an outside group. Failure to do so will result in cancellation of the meeting.

“The Public Library does not advocate or endorse the policies or purposes of any group or individual using the library meeting room. The library is not liable for injury to person or property arising out of use of the meeting room by an outside group or individual or for personal injury or financial loss resulting from reliance upon information disseminated at such meeting.”

****HOLD HARMLESS CLAUSE****

“To the Fullest extent permitted by law, the _____ (Organization Name) agrees to defend, pay in behalf of, hold harmless and indemnify the Chillicothe and Ross County Public Library against any and all claims, demands, suits, losses, including all costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the Chillicothe and Ross County Public Library, its elected an appointed officials, employees, volunteers or all others working in behalf of the Chillicothe & Ross County Public Library, by reason of personal injury, including bodily injury and death; and/or property damage, including loss of use thereof, which arises out of the alleged negligence of Chillicothe & Ross County Public Library and/or in any way connected or associated with this contract.”

Received Meeting Room Policy _____
(SIGNATURE OF PERSON MAKING REQUEST)

Request Accepted _____ Denied _____ Date: _____

Supervisor Approval _____