

**Antigo Public Library
Meeting Room Reservation Form**

Group Information

Name of Group: _____
 e.g. Antigo School, Anderson Family, Boy Scout Troop #39, Pearson Widgets

Purpose of the Reservation _____
 e.g. Private party, Business meeting, health care seminar, etc.

Check the room you are interested in renting:

___ McGinley Meeting Room (large) ___ Other: _____

Select one of the following, a single reservation or a recurring reservation, and fill out the dates and times completely. ***When noting the hours of use, be sure to include time for setup and cleanup.***

Single Reservation		Recurring Reservation	
Date:		Beginning Date:	
Beginning at what hour:	am or pm	Ending Date:	
Ending at what hour:	am or pm	Day(s) of the week:	
		Beginning at what hour:	am or pm
		Ending at what hour:	am or pm

Name of Contact Person for Group: _____

Street Address of Contact Person: _____

City, State and Zip of Contact Person: _____

Home Phone of Contact Person: _____

Business Phone of Contact Person: _____

Policy Acknowledgment:

I have received a copy of the Facility Use Policy of the Antigo Public Library and hereby agree to abide by the rules and regulations included in this policy. I further agree to the following: to see that such rules and regulations are complied with and obeyed by others in the group using this facility; to assume responsibility for and to make restitution for any damage to the building or equipment during the period of rental/use which, in the judgment of the library, constitutes damage or destruction beyond normal wear and tear and intended usage; and to indemnify and forever hold harmless the library and library trustees, employees, and agents, from any and all claims of any kind, nature or description arising out of the use of any library facility pursuant to this application or any modification thereof.

Signature _____ Date: _____

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Release and Waiver of Claims (please read before signing):

The undersigned hereby releases and forever discharges the City of Antigo, its officers, employees, agents and representatives from any and all actions, causes of action, claims and demands for, upon or by reason of any damage, loss or injury, which may arise or hereafter may be sustained by me as a result of my lifting or moving any tables, chairs, other furniture or equipment, etc. while using the library facility. I understand that by lifting or moving any tables, chairs, other furniture or equipment, etc., I am risking possible injury to myself.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local, or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages, which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

Signature

Date

Deposit and Rental Fees

Depending on the nature of your group, you may be required to pay a deposit and/or rental fees for the use of the library's facility. **Checks for deposits should be separate from checks for rental fees.** If a deposit is required for your group, the deposit is due with the submission of the reservation form. Rental fees are due no later than the day of the reservation. Your group may not use the facility without first paying these rental fees.

Rental Fees (Please check what type of group you represent)

Check one	Deposit	Group	Rental Fee
	None	City of Antigo & other government agencies	None
	None	Local schools & affiliated school organizations	None
	None	Local non-government/non-profit organizations	None
	\$50.00	Private gatherings or receptions	\$10.00/hr.
	\$50.00	For-profit organizations	\$20.00/hr.

The Library staff reserves the right to determine what rental fees your group should be paying, in keeping with the Facility Use policy of the library.

In addition, your group may want to reserve some of the following equipment and/or technology access for the additional cost(s) indicated. Please check any equipment/technology you wish the library to supply for your reservation:

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Check one or more	Equipment or Electronic Access	Fee
	VHS/DVD Player/Projector	\$5.00
	Overhead Projector	\$5.00
	Slide Projector or Filmstrip Projector	\$5.00
	Cassette Player/Recorder	\$5.00
	Laptop Computer	\$25.00
	LCD Projector	\$25.00

Fees Owed:

Make all checks payable to:

Antigo Public Library

Deposit _____

Rental Fees _____

Equipment Fees _____

Total Rental & Equipment _____

Please initial here to acknowledge the fees owed and when they are due: _____

Just a reminder: Deposit checks are due when the reservation form is submitted to the library. A separate check for the rental fees and equipment fees is due before your group uses the facility.

Library Staff:

Reservation Receipt Date: _____ Checklist Completed: _____

Deposit Receipt Date: _____

Rental Fees Receipt Date: _____ Room Condition: _____

Demo of Lights/Equip: _____

Checked by _____ on _____