



Meeting Room Reservation Form

Name of Group: _____
e.g. Antigo School, Smith Family, Boy Scout Troop #39, etc.

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

Check the room you are interested in reserving:

Form with checkboxes for McGinley Room (holds 99), Kitchen (holds 12), Conference Room (holds 6), and Game Room (holds 6).

Select one of the following, either 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.

Reservations can only be placed up to 6 months in advance.

Table with columns for Single Reservation and Recurring Reservation, containing fields for Date, Beginning Date, Ending Date, and Day(s) of the week.

Name of Contact Person for Group: _____

Contact Person's Full Address: _____
City State Zip

Home Phone of Contact: _____ Business Phone of Contact: _____

Email Address of Contact: _____



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Required Acknowledgments (please read before signing):

- 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 identify 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.
- I acknowledge that official library usage of meeting rooms takes precedence over use by other parties and that the library reserves the right to ask any party to reschedule to accommodate these usages.

Signature: _____

Date: _____

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: _____

Rental Fees

(Please check what type of group you represent)

| Check one | Group | Rental Fee |
|--------------------------|---|-------------|
| <input type="checkbox"/> | 501(c)(3) or other tax exempt organization / open to the public | None |
| <input type="checkbox"/> | Private gatherings or receptions / closed to the public | \$5.00/hr. |
| <input type="checkbox"/> | For-profit organizations | \$20.00/hr. |

Please check any equipment/technology you wish the library to supply for your reservation:

| Check Desired | Equipment or Electronic Access | Fee |
|--------------------------|--|--------|
| <input type="checkbox"/> | Laptop (must be checked out) | \$0.00 |
| <input type="checkbox"/> | LCD Projector (must be checked out) | \$0.00 |
| <input type="checkbox"/> | 70" Smart whiteboard, camera, tablet – videoconferencing equipment package | \$5.00 |
| <input type="checkbox"/> | Microsoft Surface Tablet (for use with whiteboard) | \$5.00 |



Meeting Room Reservation Form

To provide a satisfactory experience with the video conferencing equipment, a library staff member will need to interview the group representative who wishes to reserve this equipment. The purpose of the interview is to determine how the equipment can best be used to meet the expectations of the group.

Use of the library's videoconferencing equipment for two-way interactive programs, meetings, or conferences is likely to require that reservations are made far enough in advance to arrange a web conferencing connection (e.g., GoTo Meeting).

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

All fees are due at time of room booking. Requests for refunds from the city may take up to 60 days to process.

Fees Owed:

Make all checks payable to City of Antigo

| | |
|----------------|----------|
| Rental Fees | \$ _____ |
| Equipment Fees | \$ _____ |
| Total | \$ _____ |

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

Library Staff:

| | |
|---------------------------------|----------------------------|
| Reservation Receipt Date: _____ | Checklist Completed: _____ |
| Rental Fees Receipt Date: _____ | Room Condition: _____ |
| Demo of Lights/Equip: _____ | Checked by _____ on _____ |