

**COMMUNITY ROOM USE POLICY & LIABILITY AGREEMENT
GUTEKUNST PUBLIC LIBRARY**

I, the undersigned, understand that the Gutekunst Public Library Community Room will be reserved only under the following conditions which I agree to observe. If I do not observe the following conditions, I may incur additional fees.

Please read and initial the following items:

___ Deposit:\$100

Rent: \$15 Monday-Friday 7-10 p.m.

\$25/up to 4 hours or \$50/5-9 hours, available Saturday 3:00 p.m.-midnight and Sunday noon- 10 p.m.

*Fees are waived for non-profits and civic organizations

___ Use of the Library is restricted solely to the use of the Community Room. Use of all other areas of the Library is strictly prohibited.

___ The reserving individual is responsible for normal cleanup procedures. Vacuum and cleaning supplies will be made available to the reserving party. Please use the following checklist:

- ___ tables & chairs wiped down and put away
- ___ bathroom floor mopped, if necessary
- ___ floor vacuumed
- ___ bathroom cleaned
- ___ trash emptied and disposed of by the reserving party
- ___ vacuum and cleaning supplies left in designated area
- ___ lights turned off
- ___ doors locked

___ Library staff will not be called out for non-emergency related items. A \$50 fee may be charged for a non-emergency call-out.

___ The undersigned agrees to pay for any damage to the Community Room and/or property and also agrees to pay replacement costs for any missing items. This will be deducted from the deposit if necessary.

___ The undersigned agrees to pay a \$40/hour cleanup cost if the Community Room and/or property are left in unsatisfactory condition. This will be deducted from the deposit if necessary.

___ Individuals causing harm to Community Room property may be denied future use of the facilities, at the discretion of the Gutekunst Public Library staff.

___ Keys may be picked up during normal library hours of operation (Monday-Thursday 9-12, 2-7; Friday 9-5; Saturday 10-3) at the library front desk. Keys will not be available for pickup after hours or on observed holidays.

___ The undersigned understands and hereby acknowledges that the Gutekunst Public Library and the City of State Center shall not be responsible or liable for personal injury or property damage occurring to persons or their guests and invitees while using the Community Room for their own personal matters, or for matters unrelated to the business of the Gutekunst Public Library or the City of State Center. Furthermore, the undersigned assumes full responsibility for the conduct of all persons present upon the premises, whether or not they were invited, and agrees to appear for and on behalf of the Library and City, and defend against, indemnify and hold harmless the Gutekunst Public Library and the City of State Center, Iowa, from any liability with respect to any claims arising from use of the premises on the reserved occasion.

____ Use of meeting room in no way implies library endorsement of ideas expressed in meetings or the aims and goals of individuals or groups using the space. Should the Library receive questions or complaints regarding the objectives or activities of any organization, group or individual requesting use of the space, the library board shall be the final authority in granting or refusing permission for the use of the rooms. Organizations may not advertise the use of the library facility in any way that implies sponsorship by the Library. Any publicity by organizations using the meeting room, independent of library sponsorship, may not include the Library's telephone number, library logo, or brand.

____ The Library is a smoke-free facility. Smoking of any type on library premises is strictly prohibited.

____ Consumption of alcohol on library premises is prohibited.

The undersigned releases and discharges the Gutekunst Public Library and the City of State Center from any liability, claims, demands, injuries, damages, actions or causes of action that might occur arising from the use of the Gutekunst Public Library and the City of State Center premises.

SIGNATURE _____

PRINTED NAME _____

ADDRESS _____

PHONE _____

DATE OF RESERVATION _____

TIME _____

TYPE OF FUNCTION _____

ESTIMATED # OF ATTENDEES _____ (maximum capacity 48)

*****To be completed by Library staff only*****

Date _____ Deposit Paid _____ Rent Paid _____ Amount Refunded _____

Staff notes _____

Staff signature _____