

## Library Conference Room Use Application

This form must be printed or typed. Please complete entire application, sign it, and return it with applicable fees, to the Sterling Heights Public Library. For further information, please call (586) 446-2640.

### Sterling Heights Library Conference Room Reservation Form

Organization \_\_\_\_\_ Today's Date \_\_\_\_\_  
(MUST BE AT LEAST 48 HOURS BEFORE MEETING)

Description and Purpose of Meeting \_\_\_\_\_

Projected Attendance \_\_\_\_\_ Name of Applicant \_\_\_\_\_  
(MUST BE PRESENT AT MEETING)

Applicant's Sterling Heights Public Library Card Number \_\_\_\_\_

Applicant's Complete Address (including zip code)  
\_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

Date of Meeting \_\_\_\_\_

\*Times to be Reserved from \_\_\_\_\_ to \_\_\_\_\_

**ROOM MUST BE VACATED 15 MINUTES PRIOR TO CLOSING OR  
FUTURE RESERVATIONS MAY BE DENIED**

**Liability Waiver/Indemnification Agreement**

I have received, read, understood, and agree to comply with the Sterling Heights Public Library's Conference Room Use Policy.

I hereby fully release and discharge the Sterling Heights Public Library, the City of Sterling Heights, its officers, agents and employees from any and all claims from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with the above meeting in the Sterling Heights Public Library.

I further agree to indemnify and hold harmless and defend the Sterling Heights Public Library, the City of Sterling Heights, its officers, agents and employees from any and all claims resulting from injuries, including death, damages and losses, including, but not limited to the general public, which may arise or may be alleged to have arisen out of, or in connection with the above meeting in the Sterling Heights Public Library.

\_\_\_\_\_  
Applicant's Signature  
*Persons reserving the meeting room must be at least eighteen years of age and a resident of Sterling Heights.*

OFFICE USE ONLY  
Date Received \_\_\_\_\_ By \_\_\_\_\_  
Date Approved \_\_\_\_\_ By \_\_\_\_\_  
Date Rejected \_\_\_\_\_ By \_\_\_\_\_  
Reason \_\_\_\_\_

Library Board of Trustees 11/2007  
Revised 9/2013  
Revised 5/2018