

**Art Circle Public Library
Meeting Room User Agreement Form**

Charges (Please see fee schedule):

Room Fee:	\$ _____	Received: \$ _____	Check # _____
Optional Equip. Fee:	\$ _____	Received: \$ _____	Check # _____
Clean-up/Damage Deposit:	\$ _____	Received: \$ _____	Returned: \$ _____ Date Returned _____

Total Fees: \$ _____

Note:

Please make check payable to the **Art Circle Public Library**. In case of user cancellation, fees and deposits will be refunded only if the Meeting Room Coordinator for the Art Circle Public Library is notified at least three (3) business days before scheduled use.

The undersigned hereby states that he or she, on behalf of the using organization:

1. Has read and agrees to abide by the Art Circle Public Library's Meeting Room Policy & Guidelines.
2. Has authority to sign this application for the organization named on the Application Form.
3. Agrees to release and hold harmless the Art Circle Public Library, its staff and the Library Board of Trustees, and/or Cumberland County, for any and all claims for personal injury or property damage that may arise from the use of said facility by the applicant and guests therein.
4. Agrees that the User will be responsible for any damage to the facility or damage to or loss of Library equipment.

Name of Lessee Group: _____

Signature of Applicant _____ ID _____ Date _____

For Library Use Only:

Approved by _____ Title _____ Date _____

Not Approved by _____ Title _____ Date _____

Comments _____

Other Information _____

Art Circle Public Library of Cumberland County
3 East Street ~ Crossville, TN 38555 ~ 931-484-6790 ~ www.artcirclelibrary.info ~ Fax #: 931-484-2350

Approved by the Cumberland County Library Board of Trustees on Tuesday, September 15, 2009.