

**APPLICATION FORM FOR USE OF BONITA C. MARLEY COMMUNITY ROOM
MOORESVILLE PUBLIC LIBRARY**

(Revised August 5, 2020)

PLEASE REVIEW THE LIBRARY'S COMMUNITY ROOM USE POLICIES AT

<https://bit.ly/30v807o>

Date of application: _____

Date requested: _____ Time requested: _____ to _____

NAME OF ORGANIZATION: _____

Nature of organization: _____

Purpose of the meeting: _____

Number of members: _____

Percentage from Mooresville/Brown Township: _____

Presiding Officer: _____

Mailing Address: _____

Telephone: _____ Term expires: _____

A \$30 refundable deposit is required at least 24 hours in advance of room use. Other fees may apply. See our community room use policies (online link at top of page).

STATEMENT OF RESPONSIBILITY The organization agrees to abide by all regulations of Mooresville Public Library regarding use of the facilities and accepts full responsibility for any damage caused to the building, furnishings and equipment resulting from this meeting, other than normal wear. The group will vacate the building by 10:00 p.m. The undersigned responsible cardholder has read and retains a copy of the policy for the use of the meeting room and received access code and training/instruction.

Signature

_____ (initial) **Please accept our \$30 refundable deposit as a donation to the library.**

LIBRARY STAFF COMPLETES SECTION BELOW:

Application & Security access code & instruction received: _____ Scheduled: _____

RELEASE AND WAIVER

The undersigned representative acknowledges that s/he is authorized to execute this
release and waiver on behalf of

(“the organization”), which is the organization, group, or entity that has reserved and will
be using the community room at Mooresville Public Library (“MPL”).

IN CONSIDERATION of the organization’s use of the MPL community room, the
organization releases and discharges MPL, its officers, agents, employees, or assigns
from any and all claims, demands, causes of action, and judgments, including claims
for personal injury or property loss, which may arise from or be caused by the
organization’s community room use.

I HAVE READ AND UNDERSTOOD THE TERMS OF THIS RELEASE AND WAIVER,
AND HAVE EXECUTED IT VOLUNTARILY ON THE DAY APPEARING AFTER MY
SIGNATURE.

SIGNATURE

DATE

Authorized Representative of the Organization
