

**APPENDIX E**  
**ST. CLAIR COUNTY LIBRARY SYSTEM**  
**Gilbert-Wilcox Meeting Room**  
**Indemnity Hold Harmless Agreement Form**

**ORGANIZATION:** \_\_\_\_\_

**NON-PROFIT ORGANIZATION:** YES \_\_\_\_\_ NO \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**TELEPHONE: (WORK)** \_\_\_\_\_ **(HOME)** \_\_\_\_\_

**DATE OF MEETING:** \_\_\_\_\_ **TIME OF MEETING:** \_\_\_\_\_

**NOTE: ROOM MUST BE VACATED 15 MINUTES BEFORE THE LIBRARY CLOSSES.**

**APPROXIMATE NUMBER OF PEOPLE ATTENDING MEETING** \_\_\_\_\_  
**(MAXIMUM 40 PEOPLE)**

**PURPOSE OF MEETING (WORKSHOP, BUSINESS MEETING, ETC.)**  
\_\_\_\_\_  
\_\_\_\_\_

**VCR/MONITOR REQUIRED** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**THE UNDERSIGNED HEREBY MAKES APPLICATION FOR USE OF THE MEETING ROOM AND CERTIFIES THAT THE INFORMATION GIVEN IS CORRECT.**

**THE UNDERSIGNED FURTHER STATES THAT HE/SHE HAS THE AUTHORITY TO MAKE THIS CONTRACT AND AGREES TO ASSUME ALL RESPONSIBILITY FOR ANY INFRACTION OF THE RULES AND REGULATIONS.**

**THE UNDERSIGNED AGREES TO HOLD THE ST. CLAIR COUNTY LIBRARY SYSTEM OR IT'S SUBSIDIARIES HARMLESS FROM LOSS/DAMAGE, LIABILITY, COST, OR ANY OTHER EXPENSES THAT MAY ARISE DURING, OR BE CAUSED IN ANY WAY BY, THE USE OF THE FACILITY.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ORGANIZATION/GROUP REPRESENTED:** \_\_\_\_\_

**SUBMIT FORM TO:**  
**St. Clair County Library**  
**210 McMorrان Blvd.**  
**Port Huron, MI 48060**

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*For Library Use:*  
**Community Relations Acceptance Signature** \_\_\_\_\_

