

**ACTON MEMORIAL LIBRARY
FACILITIES USE
PRELIMINARY APPLICATION FORM**

This form must be filled out annually. All fields must be completed.

Organization name: _____

Address: _____

Telephone: _____ Email: _____

Website: _____

Type of Organization: _____ non-profit corporation incorporated in _____
_____ unincorporated association
_____ Town Board or Committee
_____ other (please describe) _____

Purpose of the organization: _____

Organization Representative: _____

Representative Address: _____

Telephone: _____ Email: _____

Past Meetings: The following is the last two (2) locations where the organization has held meetings:

Name of Facility	Date	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____

Indemnification. The undersigned organization hereby agrees to hold the Board of Library Trustees, the Board members individually and the Town of Acton and all library staff, harmless from and to indemnify them against all costs, damages, losses, claims and expenses incurred, directly or indirectly, as a result of such organization's use of a meeting and/or conference room. Such costs, damages, losses, claims, and expenses shall include, without limitation, any damage to the meeting room or any other part of the library building, grounds or collection; the cost of employee overtime, if occasioned by use of the meeting room; the cost of police protection, if deemed necessary by the Board of Library Trustees; and any claim asserted by any third person against the Board of Library Trustees, the Board members individually, the Town of Acton, an/or any library staff on account of any alleged injury causally related to the meeting, together with defense costs including reasonable attorneys' fees.

Release. In consideration of the use of a meeting and/or conference room, the undersigned organization, for itself and each and all of its members, hereby releases, remises and waives and all claims which they or any of them, ever will or may have against the Board of Library Trustees, the Board

(more, over)

members individually, the Town of Acton and /or the library staff for any injury to persons or damage to property suffered by such group or any of its members during or as a result of the use of the meeting room, except insofar as such injury or damage is directly and solely caused by the negligence or intentional misconduct of any person belonging to or acting on behalf of the Board of Library Trustees, the town government of the Town of Acton or the library staff.

Facilities Use Policy. The undersigned, on behalf of the organization, acknowledges receipt of a copy of the Facilities Use Policy of the Board of Library Trustees of the Acton Memorial Library and agrees to abide thereby.

_____ Date: _____
(Signature)

(Print name)

Title within organization: _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Local sponsor only necessary if representative completing this form is not an Acton resident.

Local sponsor: The following resident of Acton, Massachusetts, who has signed below as ‘Sponsor’, affirms that the organization’s use of the Meeting or Conference Room will be of a civic, cultural, educational, or philanthropic purpose with a substantial value to the community:

By: _____ Name: _____
(Sponsor’s Signature) (Print Name)

Address _____ Telephone: _____
Acton, MA 01720

Date signed: _____

Staff Use:

Date Application Approved: _____

Current reservations tracking:

Jan. _____	Feb. _____	Mar. _____	Apr. _____
May _____	Jun. _____	Jul. _____	Aug. _____
Sep. _____	Oct. _____	Nov. _____	Dec. _____