



**ASHTABULA PUBLIC LIBRARY**

4335 Park Avenue  
Ashtabula, Ohio 44004  
(440) 997-9341  
(440) 992-7714 Fax

**GENEVA PUBLIC LIBRARY**

860 Sherman Street  
Geneva, Ohio 44041  
(440) 466-4521  
(440) 466-0162 Fax

Please complete the following Agreement and return the signed copy to the Library in person, by mail, or by fax, prior to date(s) requested for use.

**AGREEMENT FOR USE OF MEETING ROOM**

\_\_\_\_\_ requests the use of the meeting room on  
*(Name of Organization)*

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
*(Month, Day, Year) (Time)*

for \_\_\_\_\_  
*(Purpose / Type of Meeting)*

The undersigned hereby states that the applicant has received a written copy of the *Meeting Room Policy* and understands that the Library meeting room is for use by non-profit groups for non-commercial, cultural, informational, educational, intellectual, and civic purposes, and it is understood that the Library meeting room will not be used for commercial or illegal purposes, or for financial benefit of individuals, organizations, or business, and that commercial sales and promotion of businesses are prohibited. The undersigned hereby personally assumes total responsibility for the use of the meeting room and the consequences thereof, including but not limited to any fees assessed, damage to the meeting room or library premises, facilities, or equipment, personal injuries related directly or indirectly to or incurred during use of the meeting room. It is also understood that the Library is not responsible for set up or security or storage or damage or loss of property owned by groups using the Library. The Library reserves the right to discontinue use of the room by any group or individual who disturbs operation and/or proceedings of the Library, or in any manner abuses the privilege, as well as the right to determine use of the rooms and to cancel or reschedule all arrangements, at its discretion, with or without cause or reason, and without liability.

Date \_\_\_\_\_

I have read and understand the above policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**FOR STAFF USE**

Date Agreement Received \_\_\_\_\_

Room Used : Ashtabula A or B or A&B Geneva

Staff Initials \_\_\_\_\_