



City of Port Townsend Public Library
1220 Lawrence St.
Port Townsend, WA 98368
360-385-3181

LIBRARY LEARNING CENTER/ Charles Pink House
FACILITY USE APPLICATION/AGREEMENT

NAME OF ORGANIZATION:

DATE OF EVENT: _____

PURPOSE OF EVENT: _____

TIME OF EVENT FROM (INCLUDES SET-UP & CLEAN-UP)

FROM: _____ TO: _____

ESTIMATED ATTENDANCE: _____

NOTE: Maximum capacity is 30. Applicant is responsible to insure this maximum is not exceeded.

TECHNOLOGY: The library offers a screen in the Pink House and a projector for checkout at the front desk. The staff are not able to provide technical assistance and all other AV equipment in the Pink House are for library use only. The library does not provide technical assistance or laptops.

ACKNOWLEDGEMENT AND WAIVER

The undersigned applies for use of facilities described above & certifies that the information in the application is correct. The undersigned agrees to exercise the utmost care in the use of the premises and property. The applicant agrees to adhere to all rules and conditions on this form. The applicant shall indemnify and hold harmless the City of Port Townsend, its elected officials, its employees and agents from and against any all claims, demands, suits, actions, payments and judgments as a result of injury or death of any person or agents, guests or employees in the execution of this agreement, including any and all expenses, including attorney fees and costs, legal and otherwise, incurred by the City, the Library or their representatives in the defense of any suit of claim. The City of Port Townsend is not responsible for lost or stolen property. The City of Port Townsend reserves the right to require Commercial General Insurance and/or a refundable cleaning deposit of \$50, depending on the extent of the risk posed, or estimated cleaning costs associated with the use of the room. I acknowledge that I have reviewed all information on this form as well as the Meeting Room Policy. I agree to abide by the conditions of use as outlined.

Name: _____ Title: _____

Signature: _____ Date: _____

Email: _____

Cell/Home Phone: _____ Work Phone: _____

Administrative Use Only:

- Application/agreement approved: date _____ and initials _____
Require Commercial General Insurance
Require refundable cleaning deposit of \$50