

Meeting Room Agreement Form

Organization or group name:		
Contact person:	Phone number:	
Contact person's email:		
Purpose of the group/organization:		
The undersigned user of the meeting room ha	s read the Ballston Spa Public Lil	brary Meeting
Room Policy, understands and agrees to abide by the guidelines and rules described therein.		
Failure to abide by these rules may disqualify the group/organization from future use of the		
rooms. The user hereby indemnifies and holds harmless Ballston Spa Public Library, its Library		
Board, the Village of Ballston Spa from all liability directly or indirectly related to an event or		
meeting held at Ballston Spa Public Library under this application.		
Signature:	Date:	
(Responsible party for user group)		
Applications are held on file for two (2) years. If the group intends to continue meeting at the		
library, the responsible party for the group sho	ould submit a new updated agreer	ment form.
1	Initials of BSPL Staff:	Date: