

IRVINGTON PUBLIC LIBRARY

Application for Use of Program Room

Date: _____

Name of Organization: _____ (the "Applicant")

Address of Organization: _____

Person in Charge: _____ Tel. #: (____) _____

Date Requested: _____ Time: From _____ To _____

Expected Attendance: _____

Brief Description of Program: _____

Refreshments To Be Served?: Yes _____ No _____

If Yes, please describe: _____

Equipment Needed: VCR & projector _____
Film projector (16 mm) _____
Slide projector _____
Computer/projector link _____
Piano _____

Application to Library Board of Trustees for Permission to:
_____ Charge admission / donation / fee for program
_____ Serve alcohol (please give details: _____)

_____ Insurance certificate attached, listing the Village of Irvington as an additional insured in the Applicant's Commercial General Liability Insurance policy providing coverage of \$1,000,000 per Occurrence/\$2,000,000 Aggregate, which policy

- is issued by a New York State licensed insurer rated "secured" by A.M. Best
- contains a 30 day notice of cancellation
- states that the policy's coverage shall be primary coverage for the Village of Irvington, its Board, employees and volunteers

THE APPLICANT HAS READ AND AGREES TO ACCEPT RESPONSIBILITY FOR COMPLIANCE WITH THE LIBRARY'S PROGRAM ROOM POLICY. THE APPLICANT AGREES TO BE RESPONSIBLE TO

THE VILLAGE OF IRVINGTON FOR THE USE AND CARE OF THE FACILITIES, AND DOES HEREBY COVENANT AND AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE VILLAGE OF IRVINGTON FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGES, CLAIMS, OR ACTIONS (INCLUDING COSTS AND ATTORNEYS' FEES) FOR BODILY INJURY AND/OR PROPERTY DAMAGE ARISING OUT OF OR IN CONNECTION WITH THE ACTUAL OR PROPOSED USE OF THE VILLAGE OF IRVINGTON'S PROPERTY, FACILITIES AND/OR SERVICES BY THE APPLICANT.

Signature of Applicant: _____

By: _____

Name: (print) _____, authorized signatory

Mailing Address: _____

Return to: Irvington Public Library, 12 South Astor Street, Irvington, NY 10533
Attention: Library Director