



OPEN YOUR WORLD
MERRIMACK
 PUBLIC LIBRARY

470 Daniel Webster Highway
 Merrimack, New Hampshire 03054-3648
 Telephone (603)424-5021
 Fax (603)424-7312
 www.merrimacklibrary.org

MEETING ROOM APPLICATION

Name: _____

Participating Group/Organization: _____

Mailing Address: _____

City, State and Zip Code: _____

Telephone (home): _____ (work): _____

Name, Address and phone of Merrimack sponsor (if different from above):

Room (circle one): Klumpp Room Lowell Room

Date of event: _____ Time and duration of event: _____

Type of event: _____ Estimated number of participants: _____

Comments: _____

* Signature: _____ Date: _____

**Signature indicates you have received a copy of the rules and agree to abide by them.*

Application: Approved Denied
Reason: _____ _____ _____
Authorized Signature: _____ Date: _____ Date copy mailed/given to applicant: _____



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MEETING ROOM RELEASE & WAIVER FORM

In consideration of the permission granted to for use of the Merrimack Public Library's facilities, we the below signed hereby release the Merrimack Public Library and the Town of Merrimack, their officers, employees and agents from any and all liability for injury or death which may be sustained by any member of our group while participating in said activities, whether or not caused by the negligence of the library's or the town's employees and agents, and waive all claims and the right to sue to which we may otherwise be entitled as a result of such injury or death.

We further agree to indemnify the library and the town, their officers, employees and agents from any and all liability, loss or damage, including but not limited to bodily injury, illness, death or property damage, and reasonable attorney fees and costs which they may become legally obligated to pay as a result of claims, demands, costs or judgment against them arising out of our use of the facility, whether or not negligence of the library, the town, their officers, employees and agents is involved, and whether or not liability is sole, joint or several.

I have read this form and understand all its terms, plus have the authority to sign granted by the above listed group. I hereby execute it voluntarily and with full knowledge of its significance.

Name: _____

Signature: _____ Date: _____

Participating Group / Organization: _____

Mailing address: _____

Copy mailed/given to applicant: _____

Updated 10/15